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ABSTRACT

Educators and service providers often have little opportunity to work cooperatively with families to enhance outcomes for children. This document is the first in a four-part training module that was developed by Northwest Regional Educational Laboratory's Child, Family, and Community Program. The modules are based on an ecological, family-centered approach to education and service delivery. The module, which presents the philosophical underpinnings of an ecological, strength-based approach, is used to train state cadres in Oregon, Idaho, Montana, Alaska, and Washington. The primary goal of the workshop is to facilitate a change in attitude on the part of those who work with children and families. The module contains a training outline with procedures, activities, overhead transparencies, handouts, key articles, and a paper entitled, "The Ecology of the Family: A Background Paper for a Family-Centered Approach to Education and Social Services Delivery." The paper synthesizes research and theoretical information on the ecological perspective. (Contains 39 references.) (LMI)

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ED 404 739

Working Respectfully with Families

A Practical Guide for Educators and Human Service Workers

Module I: The Child, the Family, and the Community

Christie Connard, Rebecca Novick, and Helen Nissani

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Working Respectfully with Families: A Practical Guide for Educators and Human Service Workers

Training Module I

The Child, the Family, and the Community

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Child, Family, and Community Program
Helen Nissani, Director

March 1996

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Welcome

Thank you for being a part of NWREL's *Working Respectfully with Families* training cadre. Your experience and expertise will assure the success of the workshops. As a result of your effective presentation, personnel from schools and social service agencies will be in better positions to work toward changing the way they work with and view families.

For the past five years, the Child, Family, and Community Program (CFC) of the Northwest Regional Educational Laboratory (NWREL) has studied the development of school-linked comprehensive services in the Pacific Northwest. CFC has consistently found that educators and social service providers find it highly challenging to form partnerships with families that are based on mutual respect and reciprocity. Professionals often found it difficult to recognize strengths in the families they served. Frequently, they viewed project activities as required, remedial interventions.

There is a tendency in our educational and social service delivery systems to view children in isolation from their families, and families in isolation from their community and larger society.

The primary goal of these workshops is to facilitate a change in attitude on the part of those who work with children and families. There is a tendency in our educational and social service delivery systems to view children in isolation from their families, and families in isolation from their community and larger society. In addition, families—especially families having difficulty supporting their children's education—are often seen as deficient and in need of remediation. Three key tenets of the family-centered approach are:

1. The child must be viewed from an ecological perspective—that is, in the context of the family, community, and larger society.

2. Rather than diagnosing and remediating "the problem," professionals form partnerships with families—sharing knowledge, building trust, and developing goals and action plans based on family strengths and values.

3. Both families and children need supportive environments for healthy development.

The activities in these workshops are designed to engage participants in a collaborative learning process that will both connect with participants' prior experience and be applicable to their work with families. We are sure that your skills as a group facilitator will help make the workshops a productive, enjoyable learning experience for all involved.

Introduction

Consider for a moment today's popular adages about schools and social service agencies: "Parents are their child's first and most important teacher." "If we want healthy communities, we need healthy families." "Effective teaching addresses the needs of the whole child." Now consider the reality—the fact that educators and service providers often have little opportunity to work cooperatively with families to enhance outcomes for children. The goal of this project is to assist educators and human service workers to form effective and supportive partnerships with each other and with the families they serve.

This four-part training module, *Working Respectfully with Families: A Practical Guide for Educators and Human Service Workers*, was developed by Northwest Regional Educational Laboratory's Child, Family, and Community Program. The modules are based on an ecological, family-centered approach to education and service delivery. This approach represents an integration of research and theory from developmental psychology and sociology, with experiential knowledge from social work, family support, early intervention, and early childhood education. Each workshop explores practical approaches to developing relationships with families, building the community environment, and linking families with community support. The training sessions include the following workshops:

The goal of this project is to assist educators and human service workers to form effective and supportive partnerships with each other and with the families they serve.

I. The Child, the Family, and the Community

II. Developing Partnerships with Families

III. Creating Family-Friendly Schools

IV. Home, School, and Community Partnerships

Working Respectfully with Families will be used to train state cadres in each of five Northwest states: Oregon, Idaho, Montana, Alaska, and

Washington. The cadres will be composed of administrators, social service personnel, teachers, and others who work with families. They, in turn, will offer trainings to schools and social service agencies in their states.

Each module contains a training outline with procedures, activities, overhead masters, handouts, and key articles. The paper, "The Ecology of the Family: A Background Paper for a Family-Centered Approach to Education and Social Services Delivery," is also provided. It synthesizes research and theoretical information on the ecological perspective. Participants should read this paper prior to the first workshop. Presenters should be familiar with the content of the background paper before planning and implementing the workshop.

The first workshop, The Child, the Family, and the Community, presents the philosophical underpinnings of an ecological, strength-based approach; the next three workshops explore the practical applications for this approach. Because it is essential that participants are grounded in the research and theories that are the basis of a family-centered approach, the first workshop is a prerequisite for the next three. Interested persons may attend all four workshops or a combination of the first workshop and any other workshop(s).

Overview of Workshop I:

The Child, the Family, and the Community

This workshop provides the philosophical underpinnings for the ecological, strength-based approach to service delivery. It introduces two important concepts that will be used throughout the four workshops: The family as a system (mobile symbol) and the family as a support net (net symbol). These symbols will be used to make a number of key points, including:

- Professionals need to understand the nature of the family system, the needs and competing responsibilities of family members. Professionals must take care not to undermine or upset the balance of the family system.
- All families need support to provide a healthy environment for their children.
- In order to provide respectful support to families, it is important to understand the family's perspective.

Because of the theoretical nature of this workshop, the focus is not on specific strategies to use when working with families. Instead, participants are asked to grapple with the concepts presented, to relate the training content to their prior experience, and to understand that reality is socially constructed. We all bring our own biases and values to our work with children and families; we interpret our experience and those of others through our own world view. But if we are to work effectively with families, it is the family's interpretation of their experience that must guide the partnership between the family and the professionals who work with them.

The Child, the Family, and the Community

Contents and Time Frame

I.	**INTRODUCTION**	30 minutes
	A. Icebreaker	
II.	**A FAMILY-CENTERED APPROACH: PROCESS AND CONTENT**	15 minutes
III.	**AN ECOLOGICAL PERSPECTIVE: FRAMEWORK FOR A FAMILY-CENTERED APPROACH**	50 minutes
	A. Why We Need a Family-Centered Approach	
	B. The Effects of Poverty on Families and Communities	
	C. Basic Tenets of a Family-Centered Approach	
	D. The Family as a System (Mobile Symbol)	
	E. The Functions of a Family	
IV.	**THE FAMILY AS A SUPPORT SYSTEM**	20 minutes
	A. The Family System as a Support Net (Net Symbol)	
	B. Support and Risk in Family Systems	
V.	**FAMILY STORY: UNDERSTANDING THE FAMILY'S PERSPECTIVE**	50 minutes
VI.	**SUMMARY**	5 minutes
VII.	**WRAP-UP AND NEXT STEPS**	10 minutes
	A. Next Steps in the Training	
	B. Practice and Applications	

The Child, the Family, and the Community

Materials

Required Reading

"The Ecology of the Family: A Background Paper for a Family-Centered Approach to Service Integration," by Christie Connard

Overheads

WI-O1. Overview of the Modules

WI-O2. A Family-Centered Approach

WI-O3. Attitude Adjustment

WI-O4. Quote: to the Doctor . . .

WI-O5. Basic Tenets of a Family-Centered Approach

WI-O6. Family Functions

WI-O7. What is Support?

WI-O8. Environments, Relationships, and Linkages

Handouts

WI-H1. Overview of the Modules

WI-H2. A Family-Centered Approach

WI-H3. Attitude Adjustment

WI-H4. Quote: to the Doctor . . .

WI-H5. National Statistics on Wealth and Poverty

WI-H6. Basic Tenets of a Family-Centered Approach

WI-H7. What is Support?

WI-H8. Family Story

WI-H9. Possible Questions to Explore

WI-H10. Environments, Relationships, and Linkages

Participant Packet

1. Background Paper: "The Ecology of the Family: A Background Paper for a Family-Centered Approach to Education and Social Service Delivery"
2. Articles
3. Handouts
4. Description and Objectives of the Workshop
5. Sample Agenda

Key Articles for Introductory Workshop I

Benard, Bonnie. (1995). *Fostering resilience in children.* University of Illinois; ERIC Clearinghouse on Elementary and Early Childhood Education.

Landers, Ann. (1996, January 21). Readers set Ann straight about layoffs. *Oregonian.*

Carter, J.L. (1993-94). Moving from principles to practice: Implementing a family-focused approach in schools and community services. *Family Resource Coalition Report*, No. 3 & 4.

Garbarino, J. (1990). The human ecology of early risk. In S.J. Meisels & J.P. Shonkoff (Eds.), *Handbook of Early Intervention* (pp. 78-96). NY: Cambridge Press.

Halpern, R. (1990). Poverty and early childhood parenting: Toward a framework for intervention. *American Journal of Orthopsychiatry*, 60(1), 6-18.

National Association of State Boards of Education. (1991). Executive summary: Caring communities: Supporting young children and families.

National Center for Children in Poverty. (1995). Number of poor children under six increased from 5 to 6 million 1989-1992, 5(1).

The Child, the Family, and the Community

About this Workshop

This three-hour workshop is the first of four workshops delineating a family-centered approach to service delivery. An ecological model synthesizing the current research is presented as the basis for a new way to deliver services to families. "The Ecology of the Family: A Background Paper for a Family-Centered Approach to Service Integration," provides a detailed description of the ecological model. Participants should read this paper before attending the workshop.

Workshop Objectives

As a result of this training, participants will:

1. Increase their understanding of how a child's outcome is shaped by the family system.
2. Increase their understanding of the family as a system with resources and relationships.
3. Increase their understanding of the importance of considering the family's perspective.

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The Child, the Family, and the Community

Training Outline

I. INTRODUCTION 40 minutes

Purpose: *The purpose of the training outline is to provide an overview and orient participants to content and expectations of the workshop.*

Directions to Presenters

1. Introduce yourself and others; allow time for everyone to introduce themselves.
2. Review any housekeeping information (rest rooms, parking validation, etc.), and ground rules (raising hand or talking freely, respect for other's opinions, etc.).

WI-H1 **WI-O1**

3. Provide an overview of the four modules: place **Overhead WI-O1** on the overhead (Overview of the Modules [includes two pages]); ask participants to refer to **Handout WI-H1** (same as overhead); review modules.
4. Go over agenda topics and training objectives; post the agenda on the wall.

Key Points

- This is the first of four workshops on implementing a family-centered approach. This workshop covers the philosophical underpinnings of an ecological, strength-based approach to service delivery.
- At the heart of change for most teachers and social service providers is the issue of whether a particular philosophical approach is practical. The next three workshops will address the practical applications of a family-centered approach. But before implementation strategies can be addressed, participants need to be grounded in the research and theories that are the basis for a family-centered approach.

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A. Icebreaker

Purpose: *To connect the training content with participants' personal experience.*

Directions to Presenters

1. Ask participants: "Have you ever experienced a time when you needed help but felt like you were not being listened to; when your needs and your understanding of your situation were not being taken into account? For example, have you ever talked with an employee in an agency or business that you are unfamiliar with—at a school, a hospital, a doctor's office, an insurance agency, an IRS office, a restaurant, at the hairdresser, etc.—and felt that your concerns were falling on deaf ears?"
2. Ask participants to discuss with a partner how they felt in this situation and what they were thinking. Share and chart responses.

Key Point

- How we support families is as important as what support we provide families.

II. A FAMILY-CENTERED APPROACH: PROCESS AND CONTENT 15 minutes

Purpose: *To provide participants with an overview of the family-centered approach.*

Directions to Presenters

WI-H2 **WI-O2**

1. Place **Overhead WI-O2** on the overhead (A Family-Centered Approach).
2. Refer participants to **Handout WI-H2** (same as overhead).
3. Review overhead, explaining how environments, relationships, and linkages are important for any program, regardless of content.

WI-H3 **WI-O3**

4. Place **Overhead WI-O3** on the overhead (Attitude Adjustment).
5. Refer participants to **Handout WI-H3** (same as overhead).
6. Discuss.

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Key Points

- A family-centered approach is a process for delivering services to families that will fit any content.
- The child is viewed in the context of the family and community.
- A family-centered approach is not a set of particular practices but a way of doing business. It is a philosophy in which families are recognized as having unique concerns, strengths, and values.

III. AN ECOLOGICAL PERSPECTIVE: FRAMEWORK FOR A FAMILY-CENTERED APPROACH

50 minutes

Purpose: *To review the ecological, strength-based perspective discussed in the background paper; to introduce a mobile metaphor as a way to visualize what is meant by a system; to discuss why what families do is more important than what they look like.*

A. Why We Need a Family-Centered Approach

Directions to Presenters

WI-H4 **WI-O4**

1. Place **Overhead WI-O4** on the overhead (Quote: To the Doctor . . .) Refer participants to **Handout WI-H4** (same as overhead). Read the quote:

   To the doctor, the child is a typhoid patient; to the playground supervisor, a first baseman; to the teacher, a learner of arithmetic. At times, he may be different things to each of these specialists, but too rarely is he a whole child to any of them.

2. Ask the group to guess when this statement was made.
3. Ask participants to turn to their original partner and then to form groups of four.
4. Ask participants to identify a recorder and presenter.
5. Ask them to discuss the statement.
6. Ask: "What are your thoughts on this statement in light of the current difficulties facing families and schools?"
7. Have each group report back to the larger group and chart responses.

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Key Points

- The sentiment expressed in this statement is as applicable today as it was in 1935, when it was delivered during a speech at the White House Conference on Children.
- Despite growing awareness of the need to view the child in context—embedded in a family, community, and larger society—our educational and social service delivery systems remain specialized, fragmented, and often difficult for children and families to access. Typically, each program operates as if the child existed in isolation, treating only one aspect of the child or family.

B. The Effects of Poverty on Families and Communities

Purpose: *To discuss why a family-centered approach is important in light of increased poverty and the adverse effects on families and communities.*

Directions to Presenters

WI-H5

1. Refer participants to **Handout WI-H5** (National Statistics on Wealth and Poverty).
2. Discuss, using the following as a framework:

   During the last 20 years, vast economic and demographic changes have resulted in increased economic hardship and stress for many families. This has been accompanied by pressure on schools to increase our national competitiveness in a global economy, to provide a large share of the socialization for children, and even to serve as a vital refuge for children who are growing up in violent or neglectful families and communities.

   Currently there is a great deal of finger-pointing. Families are increasingly unable to raise children who are ready for schools; schools are said to be unready for children; teachers are said to be poorly preparing children for the new demands of the workplace; and social services are said to be stigmatizing for families, creating dependency rather than enhancing the family's ability to care for their children. Many of us have been on both sides of these fences, as parents and as teachers or social service providers.

3. Ask for comments from the group.

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Key Point

- We all know that children bring more than educational needs to the classroom. Teachers know it will be difficult for children to learn well unless these needs are addressed.

C. Basic Tenets of a Family-Centered Approach

Directions to Presenters

WI-H6 **WI-O5**

1. Place **Overhead WI-O5** on the overhead (Basic Tenets of a Family-Centered Approach).
2. Refer participants to **Handout WI-H6** (same as overhead).
3. Discuss. Elicit or provide examples or stories to illustrate these points.

Key Point

- A family-centered approach builds on family strengths and values; it links families to community support systems.

D. The Family as a System (Mobile Symbol)

Purpose: *To consider families from a systems perspective.*

Directions to Presenters

1. Introduce the topic by saying: "The child is part of a family system, best illustrated by a mobile." Show an actual mobile.
2. Ask the group: If something happens to one part of the mobile, what happens to the rest of it?
3. Ask the group: "Think of some examples of this interconnectedness in your own family. When something happens to someone in your family, in what ways does it affect you personally?
4. Ask participants to discuss this concept with their partners, then share some of their examples with the group.

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Key Points

- A mobile is made of bars, strings, and objects—systems have different elements.
- A system is like a mobile because all the pieces are interconnected and interact reciprocally.
- If one part of a mobile is touched, all the others respond and move. The same is true of systems: change one element and it affects all the others.
- Professionals need to understand the nature of the family system, the needs and competing responsibilities of family members. Professionals must take care not to undermine or upset the balance of the family system.
- As service providers, we sometimes forget this. For example, a family with a child with physical disabilities may be expected by the occupational therapist to engage their child in hours of exercises each day. While this may be beneficial for the child's physical condition, it may interfere with the parent/child relationship and with the needs of other family members.

E. The Functions of a Family

Purpose: *To consider the usefulness of looking at family functions rather than trying to define a family.*

Directions to Presenters

1. Ask the group to identify the functions of a family. Chart responses.

WI-O6

2. Place **Overhead WI-O6** (Family Functions) to see if participants identified all the functions of a family.

Key Points

- What a family does is more important than what a family looks like.
- A family-centered approach works with the family to support and enhance the functioning of the family system.

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IV. THE FAMILY AS A SUPPORT SYSTEM 20 minutes

Purpose: *To consider some of the risk and protective factors in family systems.*

A. The Family System as a Support Net (Net Symbol)

Purpose: *To discuss the concept of support and to introduce the net symbol as a way to visualize support.*

Directions to Presenters

1. To provide transition to the next overhead, explain to the group that the ability of a family to perform these functions depends on its resources and relationships. Ideally, these resources and relationships provide a supportive environment for a child to grow and learn. But we know that many families are under great stress and are having difficulty supporting their children's development. Such families may need support from educational and social service systems.

WI-H7 **WI-O7**

2. Place **Overhead WI-O7** (What is Support?) on the overhead. Refer participants to **Handout WI-H7** (same as overhead). Discuss the overhead.
3. Refer to these metaphors as the training continues.
4. Be sure to indicate the transitions when moving from discussing systems to discussing support for system functioning by asking participants to change from visualizing a mobile to visualizing a net.

Key Points

- **Visualizing support as a net is useful when thinking about how much support exists and how additional support might help a family function effectively. (Show a net with a doll resting comfortably inside.)**
- **A loose or tightly woven net is a way to visualize the amount of support available.**

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B. Support and Risk in Family Systems

Purpose: *To discuss and clarify protective and risk factors in children, families, and communities.*

Directions to Presenters

1. Ask the group for examples of protective and risk factors in children, families, and communities. Chart responses.
2. Provide this example to the group: Mom becomes depressed after the birth of her third child, who has moderate to severe disabilities, is colicky, and cries almost constantly (cut several strands of the net). The net is still fairly strong. However, dad starts drinking (cut more strands). The landlord sells their low-income apartments to a California developer who plans to tear them down and build condominiums (cut more strands). Dad loses his job (cut many strands), the family loses its home, etc. until the net unravels completely and the doll falls out.
3. Ask the group: Could this outcome have been prevented? How? What are some of the costs of helping this family? What are some of the costs of not helping this family?
4. Chart responses.

Key Points

- All families have both strengths (protective factors) and risk factors.
- The lack of any one element will not cause rotten outcomes, but an accumulation of risk factors will impact a family's ability to nurture its children.
- The functioning of a family faced with many or overwhelming risk factors can be strengthened and the impact of the risk factors lessened by a supportive community system and the community support net. For example, with a well functioning social service system, mom could be helped with respite care and any emotional problems not caused by sleep deprivation. Adequate low-income housing would be available for all who need it. Dad could be helped with substance abuse problems before he loses his job.

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V. FAMILY STORY—UNDERSTANDING THE FAMILY'S PERSPECTIVE

50 minutes

Directions to Presenters

WI-H8, H9

1. Form groups of six to eight people. Give each group **Handout WI-H8** (Family Story), paper, a marking pen, and **Handout WI-H9** (Possible Questions to Explore).
2. Ask each group to identify a recorder, time keeper, and presenter.
3. Ask each group to discuss the perspectives presented by the mother, the welfare case worker, and the teacher.

Possible Questions to Explore (**Handout WI-H9**)

- How does each person see the situation differently? How can these differences be negotiated?
- What are some of the unintended effects on family members of our service delivery system's failure to consider the family as a system? Of not understanding the family's interpretation of their situation?
- What are some of the effects of the mother's perception of service providers and the role of educators?
- How would you approach the issues differently now that you are staunch advocates of a family-centered approach? (You are not meant to design a service delivery system, only to grapple with some of the issues presented in the stories in light of a family-centered approach.)
- How could teachers and service providers link the family to needed help?
- What are some of the holes in our community support net?
- What are some of the limitations of your ability to help this family stay afloat?

4. Ask each group to share some of their ideas and chart responses.

Key Points

- All families need support in order to provide a healthy environment for their children.
- Our current safety net for families is becoming increasingly frayed.
- As service providers, we can't fix people's problems. However, we can provide ongoing support in the context of a caring and respectful relationship.

VI. SUMMARY 5 minutes

Purpose: *To briefly sum up some of the key concepts presented in the workshop.*

Directions to Presenters

WI-H10 **WI-O8**

1. Place **Overhead WI-O8** on the overhead (Environment, Relationships, and Linkages), and refer participants to **Handout WI-H10** (same as overhead). Discuss.

Key Point

- A family-centered approach creates partnerships with families, builds the community environment, and links families to community resources.

VII. WRAP-UP AND NEXT STEPS 10 minutes

Purpose: *To discuss next steps and to introduce practice and applications.*

A. Next Steps in the Training

Purpose: *To briefly preview the next three modules.*

Directions to Presenters

1. Discuss the next steps in the training.

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Key Points

- This is the first of four workshops exploring the family-centered approach.
- The next three workshops will explore some of the practical applications of a family-centered approach.
- The second workshop will focus on creating partnerships with families.
- The third workshop will explore strategies for family-friendly schools.
- The fourth workshop will explore home, school, and community partnerships.

B. Practice and Applications

Purpose: *To encourage participants to practice the family-centered approach.*

Directions to Presenters

1. Ask each participant to turn to a partner and think out loud about some situation that they might handle differently in their school, home, or agency, being careful to maintain confidentiality of the families involved.
2. Ask participants to a) go back to their school, home, or agency and practice a family-centered, strength-based approach with at least one family or person and/or b) try to identify situations where this approach might work. Are there systemic and/or other barriers to using this approach?
3. Ask participants to be prepared to share experiences at future workshops.
4. Ask participants to fill out the evaluation.

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WORKING RESPECTFULLY WITH FAMILIES: A PRACTICAL GUIDE FOR EDUCATORS AND HUMAN SERVICE WORKERS

The Child, Family, and Community Program has developed four training modules for educators and service providers based on an ecological strength-based model of service delivery. ***The Ecology of the Family: A Background Paper for a Family-Centered Approach to Education and Social Service Delivery*** contains a detailed description of the ecological model.

MODULE I: THE CHILD, THE FAMILY, AND THE COMMUNITY

This three half hour Training Module is the first of four Training Modules delineating a family-centered approach to education and service delivery. This Training Module covers the philosophical underpinnings of an ecological, strength-based approach to service delivery. As a result of this Training Module, participants will increase their understanding of:

- The importance of viewing a child in the context of the family, the community, and the larger society;
- How a child's outcome is shaped by the family and larger systems;
- The family as a system with resources and relationships, and
- The importance of considering the family's perspective.

MODULE II: DEVELOPING PARTNERSHIPS WITH FAMILIES

This three hour Training Module is Part II of a four part Training Module. It discusses the implications of the ecological model presented in Part I for building partnerships and helping relationships. Two models of parent-professional relationships are discussed: 1) traditional medical/deficit model, and 2) a parent-professional partnership model. A Family-Centered Approach is based on a parent-professional partnership model. As a result of this training, participants will:

- Understand the implications of the ecological model for parent-professional relationships;
- Be able to contrast an ecological, strength-based model for parent-professional relationships with a medical model; and
- Identify strategies to develop effective parent-professional partnerships.

MODULE III: CREATING FAMILY-FRIENDLY SCHOOLS

This three hour Training Module is Part III of a four part Training Module. It discusses the implications of the ecological, strength-based model presented in Parts I and II for creating family-friendly schools. Benefits of parental involvement, types of parental involvement, and basic tenets of effective parental involvement are discussed. As a result of this training, participants will:

- Understand the implications of the ecological model for developing strong linkages between families and schools;
- Increase their understanding of effective parental involvement;
- Understand some of the benefits of parental involvement; and
- Identify barriers to effective involvement and strategies to overcome them.

MODULE IV: HOME, SCHOOL, AND COMMUNITY PARTNERSHIPS

This three hour Training Module is part four of a four-part Training Module. This Training Module focuses on how to strengthen families through home/school/community partnerships. Three approaches schools have used to increase the access of families to both formal and informal support are discussed: 1) parent centers, 2) family advocates, and 3) home visiting. As a result of this training, participants will:

- Understand the importance of collaboration among schools, and health and social service providers for strengthening families and improving child outcomes;
- Increase their understanding of how both formal and informal support is important for families; and
- Identify strategies to increase both the formal and informal support of families.

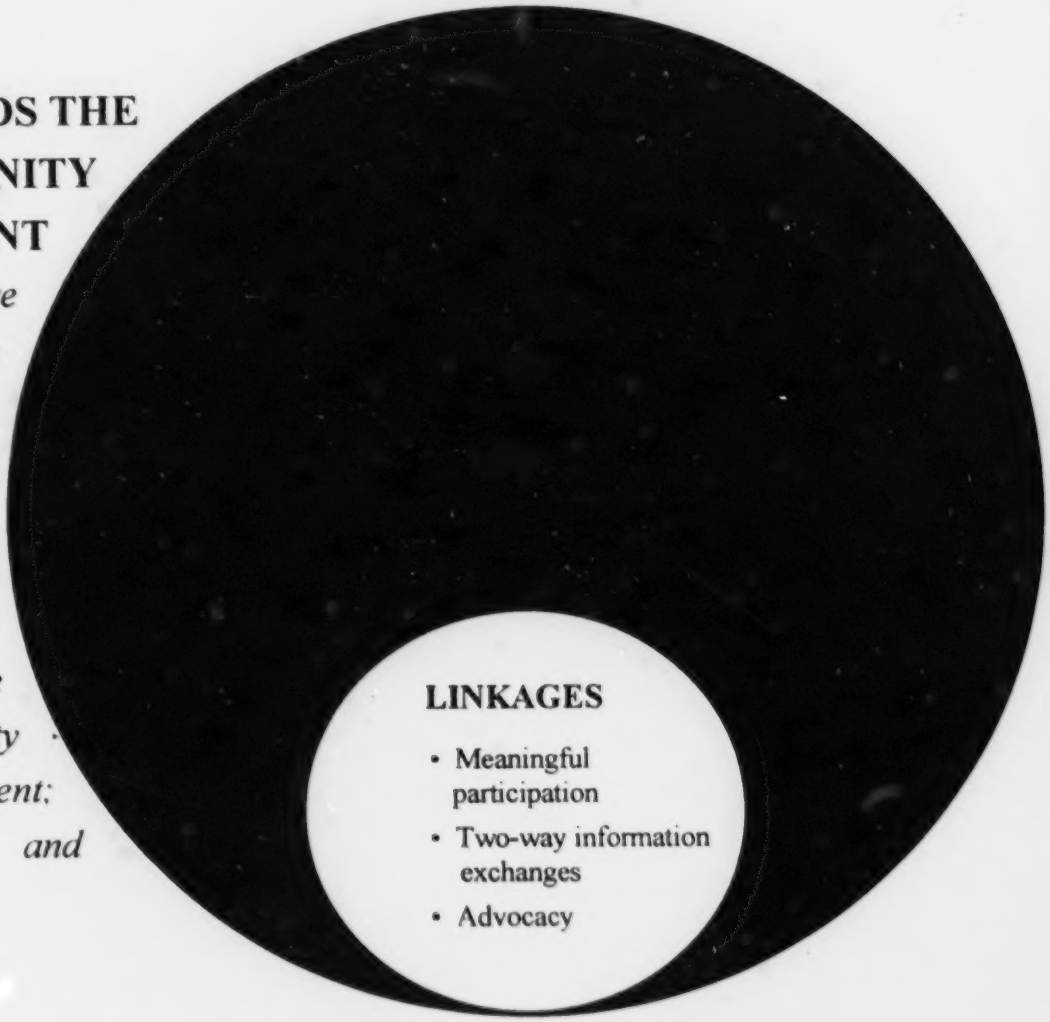
A FAMILY-CENTERED APPROACH . . .

CREATES HELPING AND PARTNERSHIP RELATIONSHIPS,

because families are supported and child development is enhanced through helping and partnership relationships;

BUILDS THE COMMUNITY ENVIRONMENT

because families gain information, resources, and support through their connections to the community environment; and



LINKS FAMILIES TO COMMUNITY RESOURCES

because participation, two-way information exchanges, and advocacy strengthens both the community support network and family functioning.

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ATTITUDE ADJUSTMENT

TRADITIONAL APPROACH	FAMILY-CENTERED APPROACH
1. Focuses on child in isolation from family; and the family in isolation from community	1. Links families to community support; builds the community environment
2. Focuses on deficits	2. Focuses on child and family strengths
3. Views the professional as an expert and decisionmaker	3. Creates family/professional partnerships; encourages joint decisionmaking
4. Categorizes problems; fragments services	4. Provides flexible, respectful, and comprehensive support

To the doctor, a child is a typhoid patient . . .

to the playground supervisor, a first baseman . . .

to the teacher, a learner of arithmetic . . .

At times, he may be different things to each of these specialists,

but too rarely is he a whole child to any of them.

NATIONAL STATISTICS ON WEALTH AND POVERTY

- Between 1983 and 1989, incomes of the richest 1% of Americans -- some 800,000 households -- grew more than 87%. With approximately $5.7 trillion dollars in net worth, the top 1% was worth more than the total bottom 90% -- 84 million households, with a combined net worth of about $4.8 trillion). (Meisler, S., 1992).

- Each year since 1986 has broken a postwar record for the gap between rich and poor. The median income of young families (families with parents 30 years or younger) plunged by one-third between 1973 and 1990, despite the fact that many families sent a second wage earner into the workforce (Children's Defense Fund, 1995).

- Between 1987 and 1992, the number of poor children under six grew from 5 to 6 million, and the poverty rate for children under six reached 26%. 40% of children in young families are poor (Children's Defense Fund, 1995). More than one-third -- 2.8 million -- of the nation's three and four-year-old children were from low-income families in 1990, a growth of 17% since 1980 (GAO, March 1995).

- A majority of poor children under age six have parents who work full-time or part-time. A full-time wage earner in a family of four earning minimum wage would generate income worth 52% of the poverty line. With the Earned Income Credit, the family's income would reach only 66% of the poverty line (National Center for Children in Poverty, 1995).

- Between 1969 and 1989, the number of young white men earning less than the poverty figure for a family of four rose from 1 in 10 to almost 1 in 4. For African-American men, the comparable figure rose from 26% to 37%; for Hispanics, from 25% to 40% (Schneider & Houston, 1993).

- Aid to Families with Dependent Children (AFDC) accounted for only 1% of all federal expenditures and has been declining in proportion to other spending. Between 1975 and 1990, welfare benefits declined 35% (Schram, 1991).

- There is an inverse relationship between welfare spending and "dependent" poverty. Dependent poverty, or the inability to get out of poverty without relying on government expenditures, *decreased* when expenditures grew (Schram, 1991). When families are helped with child care, health care, and work-related expenses, they are far more likely to find and keep jobs.

- Affordable housing for low-income families is increasingly difficult to find. There are two applicants for each subsidized housing unit, with further cuts proposed by the legislature. Over half of poor families spent more than half their income on housing (Children's Defense Fund, 1995).

BASIC TENETS OF A FAMILY-CENTERED APPROACH

The family-centered model draws from the fields of *developmental psychology, family systems theory, ecology, and sociology.*

From the field of sociology, family systems theory, and ecology, we have learned:

- In order for interventions to be effective, people must be viewed in the context of their family relationships, their relationships to their formal and informal support network, community, and the larger society.

From developmental psychology, we have learned:

- People are essentially social beings. All growth and development takes place within the context of relationships.
- Thought and emotion are integrally related. How we feel greatly influences how we think, and vice versa. And of course, how we think and feel greatly influences how we act and behave. We learn best in an atmosphere which is emotionally supportive.
- Human beings actively organize, understand, and give meaning to their lives. Effective interventions build on and enhance a child's and family's strengths, resources, and values.

WHAT IS SUPPORT?

1. All systems ***NEED SUPPORT*** to fulfill their functions.

2. Support comes from sources ***INSIDE*** and ***OUTSIDE*** a system.

3. Support ***BOLSTERS PROTECTIVE FACTORS*** and positive outcomes. (**Promotion**)

4. Support ***REDUCES RISK FACTORS*** and negative outcomes. (**Prevention**)

5. A useful metaphor for understanding support is a "***NET***".

FAMILY STORY

The Mother
Mrs. Hamachek's Story

It all began with a broken fuel pump. Well, to be truthful, it started way before that. We were doing okay – Ernie (that's my husband), Gabe (he's six), Maggie (she's three), and me. True, we still lived in Felony Flats (also known as Mt. David Housing Project), but we were putting money aside every month to get us a place where we could get away from the drug deals and the fights and the paper-thin walls; where we could have a vegetable garden for Ernie, and a flower garden for me, and a cat for Gabe and Maggie; and rooms bigger than closets; and a place for the kids to play.

Ernie was working for the McKinley Farm Machinery Company. He'd been there for only six months, but was getting tons of overtime; enough so that I dropped down from full-time to half-time at Kinder Care. It was hard on Maggie to share me with 25 other kids, and Gabe wanted me to be there when he came home from school. The pay wasn't great, but I love the kids and it beats Taco Bell. Ernie would tease me, "Why did the daycare worker cross the road? To get to her other job," he'd laugh. "Very funny," I'd say, "but I don't need another job with you around to bring home the paycheck."

Ernie and all he folks at McKinley were working so hard for so many hours, they were breaking all kinds of records and the company was making record profits. So, when the boss called them all in for a big meeting, everyone was sure it was to get a raise and a bonus just to say thanks. When the boss told them they were closing the plant to move to West Virginia, everyone walked away numb. They just couldn't believe it, you know.

When Ernie came home that day, he was different. He didn't say much, just kept staring out the window. He could have worked another week, but he didn't. He just stared. And it looks like we're never gonna get out of here. I guess I should be grateful, though, cause at least we have cheap rent, and if we'd moved out, the waiting list for the projects is 8 years long.

I went on ADC for a couple months, just to get on my feet. All because of a company that was so greedy, they sold out their people just to get a tax break. Talk about people like me being on ADC -- what bout Aid to Dependent Corporations! But my hours at Kinder Care went up to almost full-time, and we're squeaking by.

Then, Maggie got sick and Gabe started making trouble at school and the fuel pump went out. And how am I supposed to ride the bus to get us all where we have to go by 8:00 in the morning? This isn't New York -- the busses run every 45 minutes. So, there we are, standing in the rain, waiting for the bus, with no car and no husband, and no way to pay for health care, and heat, and car payments, and food on $650 a month.

So, when my caseworker calls me and wants to know why I've been late to work so many times, and tells me he can't help me pay my baby-sitter because she isn't old enough; and Gabe's teacher keeps writing notes home saying Gabe doesn't sit still and do his work, and my mother -- well, that's a different story. Anyway, what am I supposed to do?

Sure, the baby-sitter's only 14 -- but she's got a lot more sense than my caseworker. Besides, who else is going to come to my house and feed Gabe when he comes home from school for $1 an hour?

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But all the caseworkers talks about is self-sufficiency and job attachment. Well, I'm attached, but how can anyone be self-sufficient on my wages. It won't be my fault if I lose my job.

And Gabe -- he misses the only dad he's ever known. And yeah, he hates to sit still and he's so nervous about holding a pencil, he holds them so tight he breaks them. I always said, if Gabe couldn't ride it or throw it, or climb it, he wasn't interested. But watch him ride his bike or play ball!

So, what are schools for? Like my neighbor says, "When the corn don't grown, you don't blame the corn. You say, 'Am I watering it enough, am I feeding it enough?'" So why blame me and Gabe? Why doesn't she figure out what to do so he can learn? I'm doing my job, and then some. Why can't the school do theirs?

The Teacher
Mrs. Lady's Story

I'm worried about Gabe. He's such a bright kid. But, he just won't do his work. And he mother won't answer my notes. I can't say he gets much support at home. His mom -- she can't be more than 21. She's never even been to a parent/teacher conference. If she would at least read to him every night.

Jane, the kindergarten teacher, says he did fine in her class. That doesn't surprise me -- she's one of those developmentally appropriate devotees. So, of course, all he did was play last year. If you ask me, DAP is just an excuse not to teach. No wonder the kids coming from her class can't write their names or sit still. Gabe can't even hold a pencil. And hyperactive! You should see that kid. He's out of his chair more than he's in it. I wouldn't be surprised if he's drug affected. Not that that's unusual. I'd say that more than half my class would have been in self-contained classrooms ten years ago.

We spend more time working on behavior problems than we do on teaching. And we're supposed to bring all the test scores up to above average! How can we do our jobs when parents aren't doing theirs?

The Caseworker
Mr. Able's Story

It's not that Cindi is a bad parent, or even that she doesn't try. But, she makes all the wrong decisions -- like hiring a baby-sitter who's not even 15 and expecting us to pay for it. Sometimes, I think I should turn her over to Child Protection; but I suppose she thinks 14 is old enough -- she was already a mother at 16. It's probably good practice for the baby-sitter -- she'll be a mother soon enough.

And the fuel pump -- if she hadn't spent the money on Christmas presents for her kids, she'd have had enough to fix it. And now, she might lose her job because she can't get to work on time. But there it is -- babies having babies -- with a different father for every kid. And wanting the tax payer to pay for it. But someone has to help those kids. They don't pick their parents.

POSSIBLE QUESTIONS TO EXPLORE

- How does each person see the situation differently?
- How can these differences be negotiated?
- What are some of the unintended effects on family members of our service delivery system's failure to consider the family as a system and not understanding the family's interpretation of their situation?
- What are some of the effects of the mother's perception of service providers and the role of educators?
- How would you approach the issues differently now that you are staunch advocates of a family-centered approach? *(You are not meant to design a service delivery system, only to grapple with some of the issues presented in the stories in light of a family-centered approach.)*
- How could teachers/service providers link the family to needed help?
- What are some of the holes in our community support net?
- What are some of the limitations of your ability to help this family stay afloat?

A FAMILY-CENTERED APPROACH . . .

- ▽ BUILDS THE COMMUNITY ENVIRONMENT

  because families gain information, resources, and support through their connections to the community environment.

(ENVIRONMENT)

- ▽ CREATES PARTNERSHIPS
- ▽ STRENGTHENS FAMILY FUNCTIONING
- ▽ PROVIDES FLEXIBLE, TAILORED, RESPECTFUL SUPPORT

  because families are supported and child development is enhanced through helping and partnership relationships.

(RELATIONSHIPS)

- ▽ LINKS FAMILIES AND COMMUNITY SUPPORTS

  because participation, two-way information exchanges, and advocacy strengthens both the community support network and family functioning.

(LINKAGES)

COMMUNITY PROGRAM
APR 6 1995

NATIONAL CENTER FOR CHILDREN IN POVERTY

Working to improve the lives of young children in poverty through field-based program analyses, informed policy and program development, and information dissemination

News and Issues, *Winter/Spring 1995* VOL 5, NO. 1

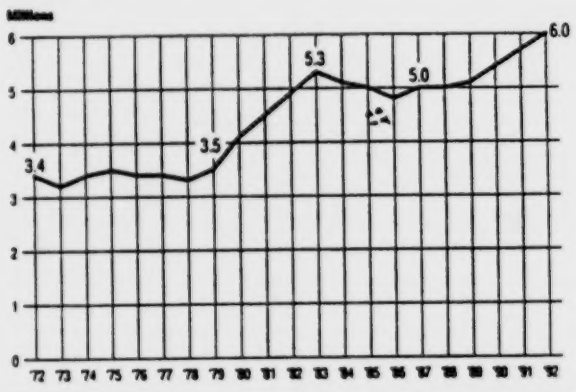
Number of Poor Children Under Six Increased from 5 to 6 Million 1987–1992

A new Center report, *Young Children in Poverty: A Statistical Update,* illuminates once again the harsh reality that propels the Center's work—the continued growth in the number of U.S. children under six living in poverty. Between 1987 and 1992 the number of poor children under six grew from 5 to 6 million, and the poverty rate for children under six reached 26 percent. In 1992, the poverty line was $9,137 for a family of two, $11,186 for a family of three, and $14,335 for a family of four.

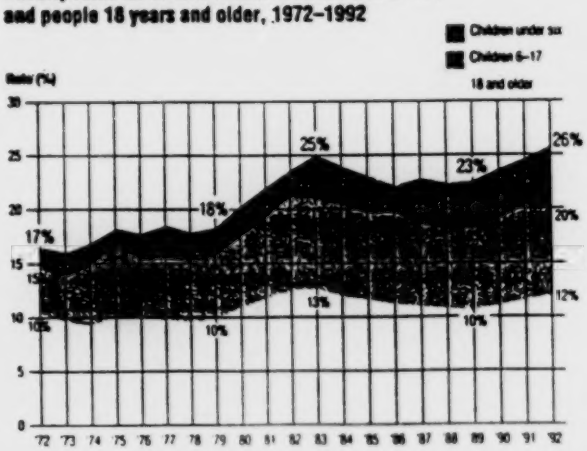
J. Lawrence Aber, the Center's new director, cautions that the increasing number of poor young children reflects a 20-year trend that is having devastating consequences on children today whether they are toddlers or teenagers.

"The number of poor children under six grew from 3.4 million in 1972 to 6.0 million in 1992," Dr. Aber reports. "The significance of these figures for our society cannot be overstated because we will pay the costs for the next several decades. Poverty gives rise to many types of deprivation, and many of our youngest, poorest children suffer severe consequences in terms of their physical health and psychological development."

Number of poor children under six, 1972–1992



Poverty rates for children under six, children 6–17, and people 18 years and older, 1972–1992



"Poor young children are not very visible to the rest of us," Dr. Aber stressed. "They live in isolated neighborhoods and are rarely noticed until they reach first grade and 'fail,' become adolescents and 'get in trouble,' or reach adulthood and can't find jobs. Our country's lack of attention to them has created a serious situation of growing proportions."

"The distribution of poverty in American families throughout urban, rural, and suburban areas is not always predictable, and the causes and solutions are not simple," Dr. Aber noted. "We have to base new public policies on documented facts. We have to keep looking at the children and learning what they need and what will help them survive, develop, learn, and become healthy self-sufficient members of society."

The new report focuses on the interrelated factors that affect the lives of children under six living in

(continued on page 2)

Also in this issue:

Child Policy Analyst Jane Knitzer Joins Center as Deputy Director 3

Communities Develop Ways to Promote Health in Preschool Child Care Settings 4

Publications of Note 6

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Percentage distribution and number of all poor children under six by sources of family income, 1992

Source of family income	Poor children under six	
	Percentage distribution	Number (in millions)
Earnings, no cash public assistance	38	2.3
Earnings and cash public assistance	20	1.2
Cash public assistance, no earnings	32	1.9
All other sources of income	10	0.6

poverty. It reveals demographic patterns that are not consistent with public myths about poor children and their families. For example, as many as 38 percent of poor children under six in 1992 lived in families supported by earnings only—and no cash public assistance—and less than one-third of poor children under six lived in families that relied exclusively on cash public assistance for their incomes.

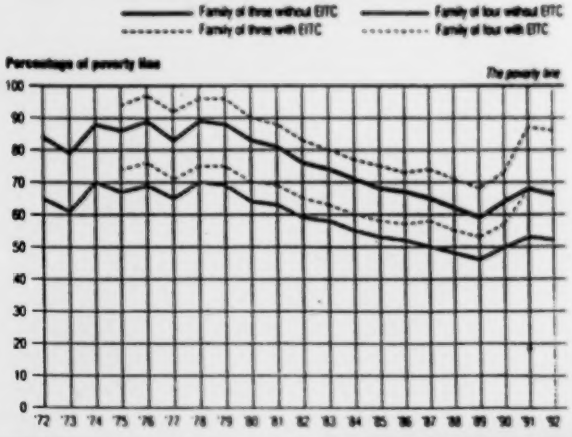
Findings also included the following 1992 data:

- The poverty rate among children under six living in urban areas was 35 percent, compared with 19 percent in suburban areas and 28 percent in rural areas.
- More than half, 55 percent of poor children under six were black or Hispanic—a very disproportionate representation. Of all children under six, only 29 percent were from these two groups.
- A majority of poor children under six had parents who worked full-time or part-time. Just over one-sixth, or 18 percent, of all poor children under six (with one or two parents present) lived with unmarried mothers who worked full-time or with married parents at least one of whom held a full-time job.
- Children under six living with unmarried mothers are much more likely to be poor than are those living with married parents. Even so, over two million poor children under six lived in married-couple families.
- Unemployment accounted for the poorest families. The poverty rates of children under six living with unemployed parents that year varied little between those in married two-parent families (83 percent) and those living with unmarried mothers (82 percent).
- Full-time employment does not guarantee that families will not be poor. The federal minimum wage was $4.25 per hour in 1992. If a person worked 1,750 hours in a 35-hour-a-week full-time year-round job, the income generated would be only $7,438—just 66 percent of the poverty line for a family of three and 52 percent of the line for a family of four. Even claiming the maximum Earned Income Tax Credit (EITC) would not lift these families out of poverty: 1992 income in a two-child family, with one parent earning the minimum wage, would reach only $9,648—14 percent below the poverty line for a family of three and 33 percent below the line for a family of four.
- Over ten million children under six lived in low-income families in 1992. Of the six million children under six living in poverty, just under half (2.9 million) lived in extreme poverty, in households with a combined family income below 50 percent of the federal poverty line. An additional 4.4 million lived in near poverty that year, in households with a combined family income 100–185 percent of the federal poverty line.

Center demographers Jiali Li and Neil G. Bennett based the report's 16 graphs and tables largely on analyses of the Census Bureau's 1993 March Supplement to the Current Population Survey. Funds from the Ford Foundation and the Carnegie Corporation of New York supported the new analyses. (See this newletter's back cover to order the publication or a set of slides.)

The federal government classifies a family as poor if its pretax cash income falls below a minimum standard, adjusted for family size and for changes in the average cost of living in the United States.

Minimum-wage earnings for full-time, year-round work as a proportion of the poverty line by family size, with and without the Earned Income Tax Credit (EITC), 1972–1992



EXECUTIVE SUMMARY

The first national education goal, **"By the year 2000, all children in America will start school ready to learn,"** is a bold challenge to our personal values, our public policy, and our professional practice. We are challenged to believe that every child can be successful. We are challenged to support the preparation of every child for school. And we are challenged to bolster schools to accommodate success for every young child.

The school readiness goal reflects our increased awareness of the importance of early childhood experiences on eventual school performance – and our increased concern about the equity and quality of our present efforts to support young children and families. For example:

- More than 400,000 young children each year are exposed to health risks such as low birth weight; prenatal exposure to alcohol, drugs or smoking; lead poisoning; malnutrition; or child abuse and neglect.
- One in four children younger than 6 are growing up in families who cannot afford safe housing, adequate nutrition, health care, or quality child care.
- 25% of all 8-year-olds were at least a grade behind their peers in 1989.

The tragedy is that we know how to provide cost-effective programs to support families and prepare young children for school. However, we are not investing the resources needed to implement what works best for young children. For example:

- Only about 40% of preschool children from families with incomes of less than $30,000 were enrolled in preschool in 1991.
- Only 56% of all 3- to 5-year-olds with disabilities attended a preschool program in 1991.
- Staff turnover in urban child care centers averages 41%, due in large part to average salaries of only $5.35 per hour.
- 43% of all children in out-of-home care are not protected by state regulations due to exemptions.

We must move past debating the semantics of the education goals and past wrangling about how to monitor progress towards these objectives. It is time to focus our energy on promoting and achieving the goals. To that end, our report begins with a **redefinition of school readiness**:

- School readiness is more than academic knowledge. Readiness is based on children's physical health, self-confidence and social competence.
- School readiness is not solely based on the capacities of young children. Readiness is shaped and developed by people and environments.

Caring Communities: Supporting Young Children and Families. NASBE, 1991.

- School readiness is not solely determined by the quality of early childhood programs. Readiness also depends on the expectations and capacities of elementary schools.

- School readiness is not solely the responsibility of individual parents. Communities have a stake in the healthy development of young children – and an obligation to support families.

To move towards achieving school readiness **we recommend creating caring communities** to mobilize public, private and voluntary efforts to support young children and families:

- **We recommend providing comprehensive support for young children and their families.** Communities should help parents meet their needs for health care, child care, and family support through quality public programs, enhanced initiatives by employers, and stronger informal efforts by voluntary organizations and individuals.

- **We recommend improving support for young children and families in public schools.** Elementary schools should implement "developmentally appropriate" teaching and assessment, based on our understanding of how young children learn and develop. Schools should also strengthen efforts in parent involvement and staff development and work with community agencies to provide appropriate and effective services to children and families.

In order to create caring communities, we recommend four action steps:

1. **Local leadership and planning** to develop public commitment and specific strategies to improve support for young children and families in early childhood programs and schools.
2. **Responsive federal policies and investments** to allow more local decisionmaking in the use of resources, to improve the effectiveness of program services and to help overcome extreme variations in community resources and opportunities for families and children.
3. **State government leadership** to pull together federal and state mandates and resources to create more coherent and flexible local service systems and to strengthen the competence and morale of early childhood staff members and parents of young children.
4. **Increased commitment from employers and voluntary agencies** to complement public early childhood programs and to build additional sources of support for families.

Progress towards the school readiness goal will benefit children, families, local communities and our nation. When we do the right thing in professional practice and make the moral choice to invest resources in helping young children, everybody wins. In the short run, children are happier and healthier and parents are empowered and affirmed. In the near term, children are equipped to enter schools as confident and competent students. And in the long term, society will save money on the costs of school failure and benefit from more competent workers and citizens.

Readers set Ann straight about layoffs

DEAR ANN LANDERS: I'll bet you already have received several hundred letters from readers like me who were stunned by your insensitivity. I am referring to your response to the woman whose husband had been looking for a job for three years. You said her letter was "downright depressing" and suggested that her "negative attitude" had a lot to do with her bad luck.

Get real. I know Ph.D.s who have lost their jobs and are working for $6 an hour. You are going to hear plenty about your unsympathetic response.

— *Judy S. in Durham, N.C*

DEAR JUDY: I did indeed "hear plenty," and when 6,000 people write and tell me I'm out of the loop, I'd better take another look. Meanwhile, here's what my readers had to say:

From Wilton, Calif.: You are clearly out of touch with the sinking middle class. I was once a corporate president, and now, due to "downsizing," I am working for minimum wage. Welcome to the real world.

Troy, Mich.: My husband worked for an advertising agency for 23 years. He was only 49 when the company decided to "downsize" and suggested he take early retirement. He's been job-hunting for three years. Now do you get it?

Moline, Ill.: My son has two degrees, one in business, another in accounting. He, too, was "downsized" and can't find a job that puts his talents to use. He's now delivering flowers for a wholesale florist.

Davenport, Iowa: When was the last time you dipped into your retirement savings to pay the $650 monthly premium to keep your health insurance in force? Do you know what it's like to send out 125 resumes and not get a nibble?

Hartford, Conn.: Dear Marie Antoinette: Millions of people in the United States and Canada are working for peanuts to create millionaires and billionaires. This is the stuff revolutions are made of.

Bellevue, Wash.: Eight families in our apartment complex have been hit with layoffs in the past three years. They all have degrees, are middle-aged and attractive. You're lucky to have a permanent job, Ann. Shame on you.

Peoria, Ill.: There is a new class in America — the Educated Working Poor. They won't be able to retire or leave anything to their children or grandkids. There goes the American dream.

Cincinnati: I was "downsized" (a polite word for canned) out the door after 21 years of faithful service. Management had changed hands, and my years of loyalty meant nothing to the new crowd. My replacement was a lad my son's age. Just sign me "Washed up at 47."

San Diego: With a master's degree and optimism, I applied for a job in urban planning and architecture. I soon discovered that the few jobs that existed were given to relatives of top management.

Philadelphia: No jobs? Nonsense! The quality of entry-level workers is pathetic. I've interviewed hundreds of college graduates who can't read, can't spell and can't do simple math. Worse yet, many can't pass a drug test. That's the real picture. Got it?

DEAR PHIL: The "real picture" often depends on your vantage point. Millions of competent people are out of work. Downsizing is a fact of life, and I feel for those who want to work and can't find jobs. Hello, Secretary of Labor Robert Reich. Any suggestions?

Problems? Write to Ann Landers in care of The Oregonian, 1320 S.W. Broadway, Portland, Ore. 97201.

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MOVING FROM PRINCIPLES TO PRACTICE:

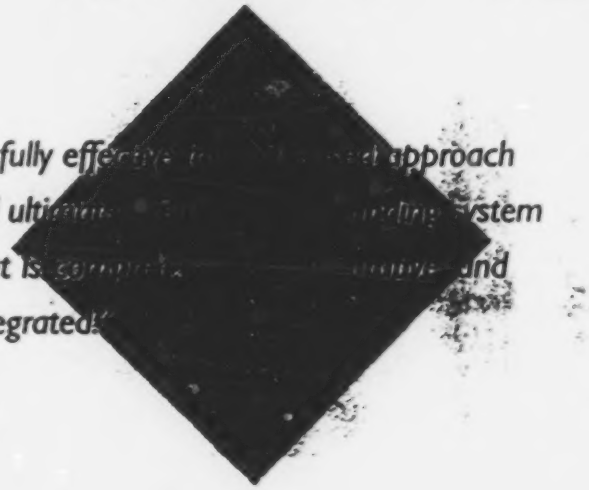
Implementing a Family-Focused Approach in Schools and Community Services

by Judy Langford Carter

What is a Family-Focused Approach?

In the daily course of business for innovators in the human service and education fields, it is not uncommon to hear or read a set of words that by now have a meaning all their own. We recognize "comprehensive, collaborative, integrated, child-centered, family-focused community-based, school-linked, consumer-driven, flexible, responsive, empowering, preventive, and ..." as descriptors of an idealized human service and education system believed to be capable of producing better outcomes for children. In spite of our facile use of the words, each interrelated principle represents a complex challenge when it comes to implementing it in the real lives of families and communities and service providers. A "family-focused approach" in schools and community services—the subject of this paper—is one element of a larger system. We can define and illustrate it as though it stands alone, but we cannot fully implement it without simultaneously implementing the full litany of values from which it was extracted. A fully effective family-focused approach will ultimately require a surrounding system that is comprehensive, collaborative, and integrated. The discussion in this paper of a family-focused approach should be viewed in that context.

A family-focused approach grows from a logical sequence of beliefs: If better child outcomes are the shared goal of the community and its institutions, then we must use all the resources necessary to achieve those outcomes to their fullest potential. And if as research and common sense indicate, the family is the most important and effective resource available to any individual child, then we must make this resource the cornerstone of strategies to improve children's well-being. Finally, if the family's impact is to be fully realized, we must develop a partnership among all the resources that can make a difference in a child's life—families, schools, and services. A family-focused approach, then, acknowledges the central role families play in their children's well-being, shifts the traditional roles of other institutions that service children to reflect this new understanding, and creates (or expands, or redeploys) community supports to assist families in carrying out their roles.


"A fully effective approach
will ultimately require a surrounding system
that is comprehensive, collaborative, and
integrated."

In this context, a family-focused approach for schools and community services is not just an issue of frontline practice—that is of how teachers, social workers, health practitioners, and others interact directly with families. Incorporating a family-focused approach throughout the daily life of schools and community services requires these institutions to fundamentally change the way they view their missions as well as their relationships with families and with each other, as part of a whole community system supporting healthy development for children.

In the traditional system, families are rarely visible: institutions serve individual children or individual adults, and the other people in "clients'" lives are important only when they pose specific and identified problems to the primary recipient of service. In the system we envision, families and child-serving institutions together become full partners in the enterprise of achieving better outcomes for children. Getting from here to there is the hard part.

Implementing a Family-Focused Approach

Implementing a family-focused approach is a developmental process which takes time, as each of the partners—families, school, service providers, and community institutions—renegotiates its role and accommodates the others in a new collaborative partnership. Like any other developmental process, implementation can move quickly when conditions are right but can be significantly delayed or obstructed by problems. Implementation involves changes in policy and practice, redefining roles for frontline workers (such as teachers) and managers (such as principals), extensive effort to gain parent participation in the whole process, and changes in policies at the school and community-service level and beyond that are impeding the process. Local, county, and state government policies and

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practices often block a family-focused approach and can sometimes take a long time to change. A strong, well-planned, fully-supported neighborhood effort can make a good case for the necessary changes; and involvement of key policymakers at these levels early in the process can build useful relationships and understandings for later work.

The path of moving from talk to action in a local community is not mysterious: engagement and trust-building to ensure participation come first; then analyzing, planning and working out specific issues both within agencies and across agency boundaries; and finally reflecting on, refining, and building an ongoing partnership from successful beginnings. This process parallels a family-support approach to working with individual families and resembles the ways service providers develop collaborations. The elements are not exclusive or one-time events; they are interdependent and continue to circle back and repeat themselves over time as the process develops.

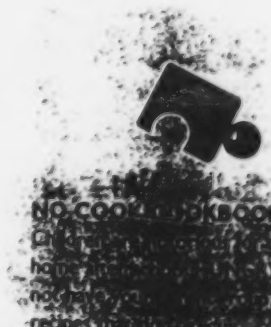
Gaining Participation

Experience in communities where a family-focused approach has taken hold shows that very little happens unless school leadership is committed to the process. Community service agencies can work closely with other partners and can approach their work from a family-focused perspective, but their impact is usually limited to their specific service area and to the relatively small number of families they serve. Parents are rarely in a position to come knocking on the doors of schools and service agencies demanding a response, unless they are organized because of concern over a single issue which does not always translate into a different overall approach. Occasionally, a charismatic service provider with strong backing from parents takes the first step toward a family-focused approach, but eventually, the school's involvement is essential to making such an approach work. The school is the connection to all the children in a community, and its leadership in reaching out to families and other agencies is critical.

We must stress that looking to schools for leadership on a new approach does not diminish the schools primary function as educators of children, nor does it burden schools with the full range of issues that families might bring to it. A truly functional partnership among families, schools, and communities should enable families and the other community institutions and agencies serving them to work together effectively to meet the "non-school" needs of children. When this occurs, schools are able to fill their educational role more effectively.

It is most common for an effort to engage parents in a school-family-community partnership to be led by an active and progressive school principal who takes the initiative with families of children in his/her school. The goal may be increasing parent involvement in school activities, getting input for planning a new program, increasing school attendance through parents' help, or simply finding out more about the barriers children face to succeed in school. Trust-building starts with reaching out to families, a sometimes difficult task especially when families are accustomed to an adversarial relationship with schools or community services.

Principal Mattie Tyson personally visited every family whose child attended her school on Chicago's west side, listening carefully to what each one had to say about the school, their children, and the issues and problems they faced. It took a year to complete the first round of visits. And the visits were just the first step in a larger process that included involving teachers in establishing and maintaining relationships with parents, reaching out to community service providers whose assistance was needed to serve the school's families, establishing easy ways for teachers and other school staff to connect with service providers, making connections with local businesses which then contributed in many ways to the school, and most important, continually responding in concrete ways to families' expressed needs. One concrete response was the school's acquisition and installation of sewing machines for parents to use to make the required school uniforms for their children. Over time, as an increasing number of parents felt needed, wanted, and comfortable coming to the school, they worked together with teachers and school personnel on community issues such as drugs. Teachers felt supported in their jobs; service providers responded when called; and children began to accomplish more in school—the goal everyone wanted in the first place. The principal's visible, committed leadership in gaining parents' trust was key to starting and maintaining a process that went far beyond simply getting a few parents to be more involved in their children's school.



strawberry, and apple or cubes of ham, cheese, cucumber, cherry tomato, and pickle), and cracker sandwiches (cream cheese and jelly, cheese spread and olive).

While input and participation from families is vital to implementing a family-focused approach, buy-in from frontline staff and administrators is equally important. There must be shared accountability: without support from one another, families, schools, and other institutions will have a hard time succeeding at the job of producing a healthy, educated child.

Most front-line staff know the need for a collaborative partnership better than anyone else; they experience the frustration of working without it every day. Their enthusiasm to work hard toward implementing new and sometimes difficult ideas, such as a family-focused approach, will be limited by a lack of knowledge and skill, a lack of time and energy, and a healthy skepticism about the value of the end result. Leadership for change with people whose jobs are directly affected by it has to include not only provisions for skill-building and time to absorb a new perspective, but new expectations and new support for job performance in a new system.

Identifying Issues: Solving Problems

Once partners are on board and willing to work together, the analysis and continuous work on needed changes in policy and practice can begin. Each agency or institution has its own analysis

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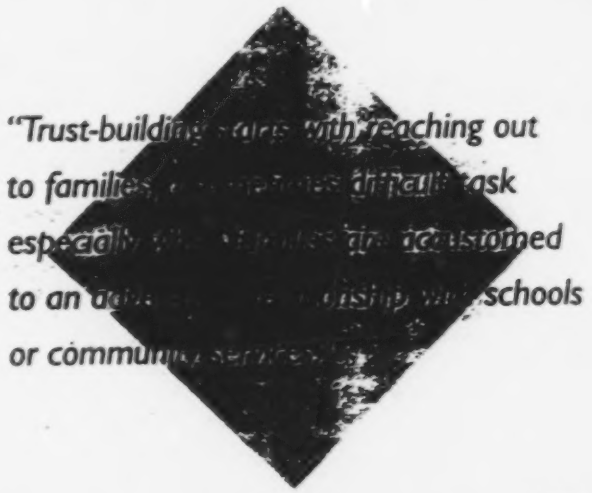
to do, and the partners together have common issues to resolve. In real communities, this aspect of work toward a family-focused system usually grows most easily from a specific case or a specific issue that involves several stakeholders. The impetus may be a funding source's mandate for a family-focused approach to an issue such as substance-abuse prevention or child-abuse prevention, school restructuring efforts that acknowledge the need for a family-focused approach, or another highly visible problem that has created a public demand for solution.

A Chicago case illustrates an urgent need for problem-solving across agencies: A brother and sister attempted to enroll in a Chicago high school when school opened in the fall. They were sent home with a note from the school nurse stating that they could not enroll until they had documentation of immunizations. After several weeks, they returned with the right documentation, but were told by the attendance clerk that their mother was required to appear in person to reinstate them in school. The children explained that their mother had some problems with drugs and that most of the time, they lived with their grandmother, who could come to reinstate them. Because the grandmother was not the legal guardian as required by school policy, they were not allowed to enroll. No one knows where they went.

None of the policies involved here were intended to keep children out of school; they were made to ensure the safety and well-being of children and the participation of parents. None of the people involved failed to do their jobs; they did exactly what they were supposed to do. But a family-focused approach, across agencies, could have prevented this all-too-common occurrence. The school, the health system, and the substance abuse treatment agency must work together, as well as in their own systems, to unravel the problem and prevent it from happening again. Each of them must also work on policymaking levels to alter the policies and practices that created an insurmountable barrier for these children to attend school.

Many communities already have experienced a family-focused approach to problem-solving across agencies. Teen parent problems, programs for children with special needs, and maternal and child health initiatives have all required more than one agency to work together around a whole-family agenda. In some instances, the agencies have established ongoing mechanisms to regularly identify and resolve issues. In the Kentucky Integrated Delivery System (KIDS), schools regularly convene all the service providers involved with students for case presentations, ensuring that coordination and problem-solving happens in a timely way. Over time, the trusting relationships developed among service providers, combined with systematic attention to issues emerging from case presentations, have led beyond improved services for specific children, to policies and practices among all the agencies that are more family-focused and collaborative.



Building a Working Partnership that Lasts

Moving from problem-solving to establishing a family and systems partnership that lasts over time is the third aspect of implementing a family-focused approach. An ongoing partnership goes beyond linkages and agreements made by individual parts of the system. It develops a mechanism for establishing desired outcomes for the whole system and accepts a shared accountability for them. The longterm goal of the ideal partnership is a full complement of resources easily accessible to every child in a neighborhood as needed, beginning with a family adequately supported to do its job as chief nurturer and advocate.

A Normative System that Supports Families

A family-focused partnership requires planning and analysis that goes beyond the scope of its members and into the larger community. Over time, a successful partnership needs to continuously assess and develop the whole system of community support—both formal and informal—available to families so that they are able to be the best possible resource for their children. Families must have many opportunities to participate directly in the assessment and identification of needs. Families usually DO know best what they need to assist their children, but well-meaning schools and community services rarely ask them.

Planners seldom go beyond surveying traditional provider agencies or analyzing demographic data to find out how well families are being supported in the larger community. A lasting partnership cannot accomplish its goal without assessing how well its community is supporting families with accessible health care, economic opportunities, childcare, adequate safety, affordable housing, recreation, education and information about child development, and opportunities for the development of social networks for all families.

These essential elements of a normative system—the resources that have to be there for ALL families to survive and thrive—are often overlooked. Most planning is done on the basis of traditional numerical "needs" and counting government services, which are only available when families have "failed" in some identifiable, eligibility-producing way. Successful child development and the improved child outcomes we are seeking require a workable, nurturing normative system. Monitoring its status and the gaps that need filling—and developing resources to fill the gaps from ALL available sources—is a primary function of a family-focused partnership.

Specialized Services

A second primary function is ensuring that the specialized services—which only some families need—work well together and fit comfortably into the larger community system. Child welfare,

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juvenile justice, public aid, and services to children with special needs offer specific resources when families are having difficulty. A family-focused approach in these systems is critical to harnessing all available resources toward improving the capacities of these families to adequately care for their children. Close and timely cooperation among schools, special services, and other community resources can identify and support families in need of assistance before their small problems grow into large ones.

Hawaii's Healthy Start program, which contacts all mothers at the time their babies are born, offers voluntary, supportive home-visiting to families identified as being at risk of later problems. The home visits provide coordinated access to the full range of services—both formal and informal—available to families in their communities, and a long-term relationship aimed at supporting and enhancing the family's own capacity.

Implementation Challenges

No community has yet fully implemented a family-focused approach, although an increasing number of neighborhoods and localities have put many of the elements in place. The tunnel vision with which schools and community services have sometimes operated, focusing on a single child or a single service, has been broadened to accommodate the vital role of the child's family and the impact of the child's larger community in achieving the best outcomes. Every linkage made, every problem solved, every parent involved, is one more step in the direction of building the partnerships necessary to sustain a system that is "comprehensive, collaborative, integrated, child-centered, family-focused, community-based, school-linked, consumer-driven, flexible, responsive, empowering, preventive, and..." At the same time, to give the new system a chance, we need to define more fully the concepts of 'family support' and 'family focus.' We must also address potential barriers to implementation." Among the questions to be answered:

What is the full scope of changes in policy and practice needed to create institutions that are truly family-focused and family-friendly?

Incremental changes are helping schools and agencies to become more nurturing and supportive entities. Yet, one part of an organization may change and another continue with contradictory practices. A school may operate a morning program for preschool-age children and their parents, yet have a sign on the front door that says to parents of schoolage children: "If you are picking your child up after school, please wait outside the building." An agency may encourage workers to talk with parents about child-development programs, yet have a waiting room without toys or activities for children. What are the essential elements that reflect a family-friendly and family-focused institution? How can an institution assess the extent to which it is fully manifesting a family-focused approach? How can the necessary changes be put into place? How can potentially competing needs be balanced for example, allowing community access to the school building and preserving the safety of students?

How can local communities and institutions gain the flexibility and discretion needed to implement a family-focused approach?

The most important characteristic of an effective family-focused approach is its adaptation to its community. Moreover, the extent to which local administrators have authority to institute a more family-focused approach in their schools and agencies will dramatically influence the speed and scope of implementation. How can state and local governments ensure high-quality standards for programs and practice, but at the same time allow flexibility and responsiveness at the community level and family level? What policies need to be changed to facilitate local control and adaptation? What policies and practices need to be changed to allow individual administrators to improve their agency's or school's perspective? How would the role and accountability of individual administrators change in a more decentralized system?

What new skills, tools, and technologies are needed in communities in order to implement and support a family-focused approach?

New skills, perspectives, and tools will be essential to fully implement an ongoing family-focused, participatory, cross-systems partnership at the community level. Yet, the technology needed to change from a traditional system to a family-focused one is in the embryonic stage. What needs to be done to strengthen internal and collective planning capacities of existing institutions? What needs to be done to enable families to participate fully in the process? What is needed in the way of family-focused job descriptions and job performance standards, cross-agency training, adequate family assessment methods, and evaluation criteria for programs? What other tools would help? How can state and local governments help? How can we disseminate adaptable tools as they are developed in local communities?

What new or additional training and staff development is needed to help partners assume new roles and institutionalize a family-focused approach?

Teachers, social workers, and others on the front-line working with children and families are key to implementing a new approach. Without adequate training and team-building across agencies, their jobs may be harder instead of easier. Who will be responsible for developing a training strategy, funding it, and including it in the staff-development activities of each partner? What will the curriculum content include? What training is needed for families to enable them to participate fully in setting priorities for a family-focused system, designing programs, and overseeing the results?

How can schools and human-service agencies create the time necessary for teachers, social service workers and other staff to incorporate a family-focused approach day-to-day?

Responding well to family issues and needs, rather than just to an individual child, requires time—time to listen to the family's issues, time to understand family relationships, time to enter into the collegial partnership that allows a family to trust a professional, and time to collaborate with other community partners. Yet time is the scarcest commodity in both the education and human-services systems. How can schools and human-service providers arrange schedules, shift workloads, or redefine responsibilities so that time is available for a family-focused approach?

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Permission pending.

4 The human ecology of early risk

JAMES GARBARINO

INTRODUCTION AND OVERVIEW

An ecological perspective on developmental risk directs our attention simultaneously to two kinds of interactions. The first is the interaction of the child as a biological organism with the immediate social environment as a set of processes, events, and relationships. The second is the interplay of social systems in the child's social environment. This dual mandate to look both *outward* to the forces that shape social contexts and *inward* to the day-to-day interaction of the child in the family is both the beauty and the challenge of human ecology. It demands much of us intellectually and ideologically, if it is to be more than an academic exercise.

Ecology is the study of relationships between organisms and environments. Ecologists explore and document how the individual and the habitat shape the development of each other. Like the biologist who learns about an animal by studying its habitat, sources of food, predators, and social practices, the student of human development must address how people live and grow in their social environment. Whereas all students of animal ecology must accommodate to the purposeful actions of the organism, the human ecologist must go further and seek to incorporate the phenomenological complexity of the organism–environment interaction – the social and psychological maps that define human meaning.

Put this way, we must recognize that the habitat of the child at risk includes family, friends, neighborhood, church, and school, as well as less immediate forces that constitute the social geography and climate (e.g., laws, institutions, and values), and the physical environment. The interplay of these social forces and physical settings with the individual child defines the range of issues in the forefront of an ecological perspective. The most important characteristic of this ecological perspective is that it both reinforces our inclination to look inside the individual and encourages us to look beyond the individual to the environment for questions and explanations about individual behavior and development. It emphasizes development in context.

An ecological perspective constantly reminds us that child development results from the interplay of biology *and* society, from the characteristics children bring with them into the world and the way the world treats them, from nature *and* nurture. In this it reflects what Pasamanick (1987) calls social biology. In contrast to sociobiology, which emphasizes a genetic origin for social behavior (Wilson, 1978), social biology concentrates on the social origins of biological phenomena (e.g., the impact of poverty on

infant morbidity). Nevertheless, the two perspectives are not mutually exclusive. Indeed, sociobiologists see the *historical* (i.e., evolutionary) origins of biological phenomena (i.e., gene pool characteristics) in social phenomena (i.e., the differential life success of individuals) because of the *social* implications of their *genetically based* individual behavior (Wilson, 1978). They seek to explain how the social impact of biologically rooted traits affects the survival of organisms and thus the likelihood that those particular genetic patterns will be passed along to surviving offspring.

Children face different opportunities and risks for development because of their mental and physical makeup and because of the social environment they inhabit. Moreover, social environment affects the very physical makeup of the child. These effects may be negative (e.g., the impact of poverty on birth weight or the mutagenic influence of industrial carcinogens) or positive (e.g., intrauterine surgery or nutritional therapy for a fetus with a genetic disorder). When these social influences operate in psychological or sociological terms, we refer to them as sociocultural opportunities and risks.

When we refer to opportunities for development we mean relationships in which children find material, emotional, and social encouragement compatible with their needs and capacities as they exist at a specific point in their developing lives. For each child, the best fit must be worked out through experience, within some very broad guidelines of basic human needs, and then renegotiated as development proceeds and situations change. Windows of opportunity for intervention appear repeatedly across the life course, and what may be a critical threat at one point may be benign or even developmentally enhancing at another. For example, Elder's analyses (1974) of the impact of the economic crisis of the 1930s reveal that its effects were felt most negatively by young children. In fact, some adolescents even benefited from the fact that paternal unemployment often meant special "opportunities" for enhanced responsibility for teenage sons and daughters. Bronfenbrenner (1986) confirmed that the stress of urban life associated with family adversity is most negative and potent for young children, yet it may stimulate some adolescents.

Risks to development can come both from direct threats and from the absence of normal, expectable opportunities. Besides such obvious biological risks as malnutrition or injury, there are sociocultural risks that impoverish the developing individual's world of essential experiences and relationships and thereby threaten development. For example, abandoned children may suffer from their lack of the family ties and diverse role models that enrich those who live in large close-knit families. Similarly, children who are born at the low point of an economic depression may receive fewer benefits from preventive services than those who are born during more economically auspicious times. When sociocultural risks threaten, appropriate early intervention can help the child find new routes for adaptive development. Understanding the consequences of both sociocultural risks and opportunities and the role of social support networks is a central concern of human ecology.

Our goal here is to make use of a systems approach to clarify the complexity we face in attempting to understand the interplay of biological, psychological, social, and cultural forces in early developmental risks and their amelioration. A systems approach helps us discover the connections among what might at first seem to be unrelated events. It also can help us see that what often seems like an obvious solution may actually only make the problem worse. Forrester (1969) concludes that because systems are linked, and therefore influence each other (feedback), many of the most effective solutions to social problems are not readily apparent, and may even be "counter

intuitive." According to Hardin (1966) the First Law of Ecology is, You can never do just one thing. Intersystem feedback ensures that any single action may reverberate and produce unintended consequences. This will become apparent as we proceed.

As individuals develop they play an ever more active role in an ever widening world. Newborns shape the feeding behavior of their mothers, but are confined largely to cribs or laps and have limited means of communicating their needs and wants. Ten-year-olds, on the other hand, influence many adults and other children in many different settings, and have many ways of communicating. The adolescents' world is still larger and more diverse, as is their ability to influence that world. Individuals and environments negotiate their relationships over time through a process of reciprocity. Neither is constant; *each* depends on the other. When asked, Does *X* cause *Y*? the answer is always, It depends. We cannot reliably predict the future of one system without knowing something about the other systems with which it is linked. And even then it may be very difficult. We see this when we ask, Does early day care enhance or harm development? It depends on the child's age, quality of parent–child attachment, the day-care provider's relationship to the child's parents, and the day-care provider's motivations and training, as well as the more obvious question of what *exactly* constitutes the experience of day care. In short, it depends (cf. Belsky, 1986).

We see this contextualism in all aspects of development. Thus, for example, the link between early developmental delay and later IQ deficit appears to differ across social-class groupings in the kind of social system present in most United States communities. In one classic study, 13% of the lower-class children who were developmentally delayed at 8 months showed an IQ of 79 or less at 4 years of age. In contrast, only 7% of the middle-class children who were delayed at 8 months of age were retarded at 4 years of age. For the upper-class children the figure was only 2% (Willerman, Broman, & Fiedler, 1970). Does developmental delay predict IQ deficit? It would seem that it depends upon the family and community environment in which the child is growing up. We might hypothesize that the social-class effect linked to family status would be exaggerated in some communities while it might also be diminished in others.

Is IQ influenced more by genetics or by environment, by nature or by nurture? It depends. For example, a reanalysis of twin study data reveals that when identical twins were separated at birth and reared in *similar* communities the correlation between their adult IQs was strong (.86). When identical twins were reared in *dissimilar* communities the correlation between their adult IQs was weak (.26) (Bronfenbrenner, 1975). Which is more important, nature or nurture? It depends.

We see the individual's experiences as subsystems within systems within larger systems, "as a set of nested structures, each inside the next, like a set of Russian dolls" (Bronfenbrenner, 1979, p. 22). In asking and answering questions about development, we can and should always be ready to look at the next level of systems "beyond" and "within" to find the questions and the answers (Garbarino et al., 1982). If we see parents and visiting nurses in conflict over the use of physical punishment in early childhood (the family system), we need to look to the community that establishes laws and policies about child abuse. We also should look to the culture that defines physical force as an appropriate form of discipline in early childhood. We also must look within the individual, as a psychological system that is affected by conscious and changing roles, unconscious needs, and motives, to know why and how each adjusts in ways that generate conflict. In addition, we must look "across" to see how the several systems involved (family, social services, social network, and economy) adjust to new conditions. Interaction among these social forces is the key to an ecological analysis of early

developmental risk. They exist as linked social systems, implying that intervention can take place at each system level *and* that intervention at one level may well spill over to others.

This system approach examines the environment at four levels beyond the individual organism – from the micro to the macro. These systems have been catalogued in detail elsewhere (Bronfenbrenner, 1979, 1986; Garbarino et al., 1982). The goal here is to introduce them briefly in order to provide a context for discussing the ecology of early developmental risk.

Microsystems

Microsystems are the immediate settings in which individuals develop. The shared experiences that occur in each setting provide a record of the microsystem and offer some clues to its future. Microsystems evolve and develop much as do individuals themselves from forces generated both within and without. The quality of a microsystem depends upon its ability to sustain and enhance development, and to provide a context that is emotionally validating and developmentally challenging. This ability to enhance development in turn depends upon the capacity to operate in what Vygotsky (1934) called "the zone of proximal development," that is, the distance between what the child can accomplish alone (the level of actual development) and what the child can do when helped (the level of potential development).

Children can handle (and need) more than infants. Adolescents can handle (and need) more than children. We measure the social richness of an individual's life by the availability of enduring, reciprocal, multifaceted relationships that emphasize playing, working, and loving. And we do that measuring over time, because microsystems, like individuals, change over time. Risk, on the other hand, lies in patterns of abuse, neglect, resource deficiency, and stress that insult the child and thwart development (Garbarino, Guttmann, & Seeley, 1986).

The "same" day-care center is very different in June from what it was in September for the "same" infants who, of course, are themselves not the same as they were at the beginning of the year. The setting of the family, as the first-born child experiences it, is different from that experienced by subsequent offspring. Naturally, children themselves change and develop, as do others in the setting. It is also important to remember that our definition speaks of the microsystem as a pattern *experienced* by the developing person. Individuals influence their microsystems and those microsystems influence them in turn. Each participant acts on the basis of an emergent social map – a phenomenological record and projection.

Mesosystems

Mesosystems are relationships *between* microsystems in which the individual experiences reality. These links themselves form a system. We measure the richness of a mesosystem in the number and quality of its connections. One example is the case of an infant's day-care group and his or her home. We ask, Do staff visit the child at home? Do the child's parents know his or her friends at day care? Do parents of children at the center know each other? A second example concerns a hospital and the home for a chronically ill child. What role do the parents play in the hospital regime? Do the same health care professionals who see the child in the hospital visit the home? Is the child the only one to participate in both? If he or she is the only "linkage," the mesosystem is

veak and that weakness may place the child at risk. Research suggests that the strength of the mesosystem linking the setting in which an intervention is implemented with the settings in which the individual spends most significant time, is crucial to the long-term effectiveness of the intervention and to the maintenance of its effects (Whittaker, 1983).

Exosystems

Exosystems are settings that have a bearing on the development of children, but in which those children do not play a direct role. For most children, the key exosystems include the workplace of their parents (in general, most children are not participants there) and those centers of power such as school boards, church councils, and planning commissions that make decisions affecting their day-to-day life. Note that the concept of an exosystem illustrates the projective nature of the ecological perspective, for the same setting that is an exosystem for a child may be a microsystem for the parent, and vice versa. Thus, one form of intervention may aim at transforming exosystems into microsystems by initiating greater participation in important institutions for isolated, disenfranchised, and powerless clients, for example, by getting parents to visit the family day-care home or by creating on-site day care at the workplace.

In exosystem terms, both risk and opportunity come about in two ways. The first is when the parents or other significant adults in a child's life are treated in a way that impoverishes (risk) or enhances (opportunity) their behavior in the microsystems they share with children. Examples include elements of the parents' working experience that impoverish or enhance family life – unemployment, low pay, long or inflexible hours, traveling, or stress, on the one hand, in contrast to an adequate income, flexible scheduling, an understanding employer, or subsidies for child care, on the other (Bronfenbrenner & Crouter, 1982).

The second way risk and opportunity flow from the exosystem lies in the orientation and content of decisions made in those settings that affect the day-to-day experience of children and their families. For example, when the state legislature suspends funding for early intervention programs, it jeopardizes development. When public officials expand prenatal health services or initiate specialized day care in high-risk communities, they increase developmental opportunities (and may reduce infant mortality or morbidity).

Albee (1980) has gone so far as to identify powerlessness as the primary factor leading to impaired development and mental disability. It certainly plays a large role in determining the fate of groups of individuals via public policy and may even be very important when considering individual cases, such as whether or not parents have the "pull" to get a medically vulnerable child enrolled in a special treatment program. In many cases, risk and opportunity at the exosystem level are essentially political matters.

One of the most useful aspects of the ecological approach is its ability to highlight situations in which the actions of people with whom the individual has no direct contact significantly affect development. The following example illustrates the relationship between social policy and individual child development. Because of a leveraged corporate takeover, a board of directors decides to shift operations from one plant to another. Hundreds of families with young children are forced to move to new locations. Local services are underfunded in a period of escalating demand. Parents lose their jobs and thus their health insurance. The quality of prenatal and well-baby care declines; infant mortality increases. This is a classic illustration of an exosystem effect. It highlights the fact that exosystem events may establish much of the agenda for day-to-day early intervention on behalf of children at risk.

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At this point it is worth emphasizing that the ecological perspective forces us to consider the concept of risk beyond the narrow confines of individual personality and family dynamics. In the ecological approach, both are causes of the child's developmental patterns and reflections of broader sociocultural forces. Mark Twain wrote, "If the only tool you have is a hammer you tend to treat every problem as if it were a nail." Inflexible loyalty to a specific focus (e.g., the parents) is often a stumbling block to effective intervention. However, the obverse must also be considered: If you define every problem as a nail, the only tool you will seek is a hammer. Viewing children at risk only in terms of organismic and interpersonal dynamics precludes an understanding of the many other avenues of influence that might be open to us as helpers, or that might be topics of study for us as scientists. This message provides a crucial guide to our discussion of early intervention.

Macrosystems

Meso- and exosystems are set within the broad ideological, demographic, and institutional patterns of a particular culture or subculture. These patterns are the *macrosystems* that serve as the master blueprints for the ecology of human development. These blueprints reflect a people's shared assumptions about how things should be done, as well as the institutions that represent those assumptions. Macrosystems are ideology incarnate. Thus, we contrast societal blueprints that rest upon fundamental institutional expressions, such as a collective versus individual orientation. Religion provides a classic example of the macrosystem concept because it involves both a definition of the world and a set of institutions reflecting that definition – both a theology and a set of roles, rules, buildings, and programs.

Macrosystem refers to the general organization of the world as it is and as it might be. Historical change demonstrates that "might be" is quite real, and occurs through either evolution (many individual actions guided by a common reality) or through revolution (dramatic change introduced by a small cadre of decision makers). The Iranian revolution of 1978–79, for example, overturned a modernizing society and embodied a changed institutional and ideological landscape that shaped the most basic experiences of childhood. Current efforts to modernize in China include a massive shift from collective reward to private initiative as the dominating economic force. More directly relevant still is China's one-child policy that has altered the demography of the family, and appears to be altering the social fabric at each level of the human ecology (Schell, 1982).

In the United States, the increasing concentration of high-risk families in a geographically concentrated underclass (Lemann, 1986; Wilson, 1987) is exerting dramatic influences on the need and the prognosis for early interventions. Pockets of marked vulnerability show poverty and infant mortality rates many times the average found in unafflicted communities. For early intervention services to be plausible in such high-risk ecological niches, they must target ecological transformation as the program goal. For example, Chicago's Center for Successful Child Development (The Beethoven Project) is an effort to prevent developmental delays among an entire birth cohort in a public housing project (i.e., all the children born in one year who live in the same kindergarten catchment area). The program employs home health visitors, early developmental screening, prenatal health care and parent education, job training for parents, infant day care, child abuse prevention programming, Head Start participation, and other transforming and supportive services (Barclay-McLaughlin, 1987; Musick & Stott, this volume). When such efforts are conducted in the context of

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thoughtful evaluation research they can serve as the kind of "transforming experiments" that advance an ecologically valid science of early intervention (Bronfenbrenner, 1979).

When all is said and done, an ecological perspective has much to contribute to the process of formulating, evaluating, and understanding early intervention. It gives us a kind of social map for navigating a path through the complexities of programming. It helps us see the relationships (potential and actual) among programs – how, for example, some programs are complementary while others may be competitive. It aids us in seeing the full range of alternative conceptualizations of problems affecting children and points us in the direction of multiple strategies for intervention. An ecological perspective provides a kind of checklist to use in thinking about what is happening, and what to do about it when faced with developmental problems and social pathologies that afflict children. It does this by asking us always to consider the micro, meso-, exo-, and macrosystem dimensions of developmental phenomena and interventions. It constantly suggests the possibility that context is shaping causal relationships. It always tells us "it depends" and stimulates an attempt to find out "on what."

THE ECONOMIC AND DEMOGRAPHIC CONTEXT OF EARLY CHILDHOOD IN THE UNITED STATES

Having laid out a set of terms to use in assessing the social system in which child development occurs, we can turn next to identifying current sources of risk in the human ecology of the young child. To accomplish this we must turn to a brief social history of early risk that must consider recent economic trends in the United States, particularly as they affect the experience and developmental prognosis of young children.

In reviewing the state of the nation during the 1970s, several blue-ribbon panels charged with the task of assessing risk to families deriving from the social environment, identified economic deprivation as the principal villain (e.g., the National Academy of Sciences, 1976, Keniston, 1977, which was suggested by the Carnegie Corporation). In the space of a decade, these reports have come to seem tame as the relative economic position of young children has deteriorated. Reversing the traditional pattern for the United States, in which poverty has been concentrated among the elderly, economic deprivation is now most common among families with young children. In 1985, for example, about 25% of America's children under age three were living in poverty, as compared with 13% of the general population, including the elderly (U.S. Census, 1980). For blacks and Hispanics, the rates are higher. Looking over the 10-year period from 1969 to 1979 (basically good times for the nation as a whole), roughly 25% of families slipped below the poverty line at least once, while about 3% (mainly black, one-parent households headed by women) remained below that level continuously (Duncan, Coe, & Hill, 1981). The social concern of the 1980s focused attention on this latter (and growing) group, now often called the underclass; but the larger group remains at risk, particularly if a period of temporary impoverishment coincides with the birth of a child.

Although chronic impoverishment poses a serious threat to child welfare, so does acute, episodic impoverishment – the much more common variety in our system. Many projections lead to the expectation that poverty will persist for one in four young children, particularly in single-parent households, unless there is some dramatic change in demography, policy, and/or the structure of the economy (Garbarino, 1988). This

projection reflects the fact that the experience of single parenthood – a major correlate of poverty – is expected to continue as a feature of life for one in two children at some point in their first 18 years of life. It also reflects the expectation that outbreaks of unemployment will continue above and beyond the chronic unemployment and underemployment characterizing the inner-city underclass.

There is considerable debate about the exact processes that translate unemployment into developmental risk for children, but there is consensus that acute economic deprivation represents a challenge to the coping resources of individuals, families, and communities (Fisher & Cunningham, 1983). The connection between unemployment and developmental crisis is mainly indirect, but it is real nonetheless. Unemployment tends to diminish resources and precipitate problems in mental health and welfare. Male identity and parental status have traditionally been tied to occupational position. Unemployment diminishes that identity and gives rise to ambiguity or even outright conflict in the family. This psychic threat is compounded by the very practical fact that employment is the principal source of basic health and welfare services. Unemployment thus precipitates crises in both the psychic and the fiscal economy of the family. Both increase the likelihood of risky conditions for children and decrease the likelihood that such risky conditions will be observed and attended to effectively. This dynamic is particularly important for workers in financially marginal employment, where reserves are minimal or nonexistent – one paycheck away from disaster, as they are often described. This financial vulnerability heightens the importance of social resources of the kind discussed later in this chapter. One source of concern is the growing recognition that there has been a steady increase in the politically tolerable level of "normal" unemployment, from 4% in 1950 to 7% in 1986. It may go higher, and already is in fact higher, due to methods of public accounting that do not include those too discouraged to seek work, and others who are not fully employed. As recessions occur, they produce double-digit levels of unemployment (i.e., 10% or more), with localized hot spots in excess of 20%. These deteriorating economic conditions, characterized by increases in the number of people falling below the poverty level, are a major force driving the human ecology of early risk (Bronfenbrenner, Moen, & Garbarino, 1984).

In addition to the well-established connection between poverty and infant mortality, researchers have identified a link between economic deprivation and child maltreatment, certainly the bottom line when it comes to indicators of child welfare and family functioning (see Garbarino & Crouter, 1978a; Garbarino & Sherman, 1980; NCCAN, 1981; Pelton, 1978; Steinberg, Catalano, & Dooley, 1981). Briefly, these studies report a correlation between low income and the risk for child maltreatment on both the individual and community level. Thus, the rate of maltreatment (all forms of abuse and neglect combined) computed as part of the federally financed National Incidence Study (which dealt with many of the issues of class-biased reporting) ranges from 27.3 per 1,000 children among families with 1979 incomes of under $7,000, to 14.6 per 1,000 for families in the $15,000 to $24,999 range, and 2.7 per 1,000 for families with annual incomes in excess of $25,000 (NCCAN, 1981). Studies of rates at the community level tell the same story (Garbarino & Crouter, 1978b), as shall be discussed in greater detail later.

The kind of economic crisis that may occur in the 1990s – a crisis described as probable by some economic forecasters – could mean an epidemic of threats to child welfare (Garbarino et al., 1982; Garbarino, 1988). This happened during the 1980s in unemployment hot spots around the country as child maltreatment rates followed climbing unemployment rates. In Oregon, for example, where a depressed lumber

industry prompted double-digit unemployment rates, officials reported a 46% increase in child maltreatment for 1981 (Birch, 1982). The resulting upsurge in the need for child welfare and other human services typically coincides with a diminished capacity of formal services to respond during troubled economic times. As an economic crisis unfolds, for example, it simultaneously increases demand for state-supported services across the spectrum from health care to food stamps, and typically decreases the tax revenues available to finance such services. A further disturbing trend is the finding that the economic recovery of the mid-1980s, with unemployment dipping below 7% in 1987, did not (and in all likelihood will not) reach the growing underclass, where unemployment, poverty, and demographic adversity are becoming ever more entrenched and chronic (Wilson, 1987).

While most industrialized societies entitle all families to maternal and infant health care and basic child-support subsidies, ours does not (Kahn & Kamerman, 1975; Kamerman & Kahn, 1976; Miller, 1987). Although the federal budget includes a substantial commitment to "entitlement" programs (some $362 billion in 1983), five-sixths goes to programs that disproportionately assist affluent adults, while relatively little goes to families in the service of child-welfare-related objectives (Fallows, 1982). As noted by Bronfenbrenner (1986), this may explain why correlations between measures of income or socioeconomic status and basic child outcomes are often higher in the United States than in other modern societies. That is, low income is a better predictor of deficits in the United States than in other countries because our social policies tend to exaggerate rather than minimize the impact of family income on access to preventive and rehabilitative services.

The current crisis in the United States comes in the wake of the economic track record of the post–World War II era that led most Americans, except perhaps the chronically impoverished underclass, to *expect* material affluence on a mass scale that is unprecedented in human history. Many now take for granted as necessities what were considered previously to be luxuries. The economic "miracle" of the last four decades has raised expectations, and it has led to more and more of daily life becoming part of the monetarized economy – that is, having a dollar price (Giarini, 1980). Many Americans have become accustomed to an affluent material standard of living that probably cannot be sustained over the next decade for many of the people much of the time. Data from the economic depression of the 1930s, when expectations were considerably lower, predict a pattern of increasing frustration, anger, depression, and hostility under such circumstances (Bronfenbrenner et al., 1984). Such negativity increases developmental risk for children.

It is the phenomenology of deprivation that concerns us here. Having become socialized into a highly monetarized life-style (that is, one in which a high proportion of the activities of day-to-day life involve cash transactions), it is difficult to retreat into a less monetarized way of living. Similarly, a drop in income is experienced relative to the prior standard, not some absolute conception of need. What does it take to meet the minimal standards for child care? Any statement of the budget for child care by a family reflects assumptions about the kinds of materials that are necessary. For example, prior generations used cloth diapers and made large investments of time and personal energy to maintain them. Currently, even families with small incomes and very limited prospects for earning have come to depend upon expensive disposable diapers as a basic necessity. These substitutes cost a great deal and their environmental impact is insidious.

The phenomenology of poverty is dominated by the experience of deprivation, and

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exacerbated by widespread promulgation of highly monetarized affluence as the standard. Low-paying jobs can come to be interpreted as an affront in such a context, the accoutrements of affluence a right. This inflation of expectations does not contribute to the well-being of young children. All of it sustains rage and despair. Add to this the geographic concentration of economically marginal families as communities become more homogeneous (e.g., through clustering public housing), and the developmental effects on children are profoundly disturbing. Children become the incidental and deliberate targets of concentrated and often unmitigated rage and despair, in the form of neglect and abuse. Children cost too much when their "caregivers" cannot generate enough income to meet popular expectations for participating in the monetarized economy of day-to-day life.

In a nation where everything costs money and continues to cost more, most families need two incomes to keep up, although because of divorce and single parenthood, more and more families have only one potential wage earner. This was *not* the case at the outset of the economic depression of the 1930s. Most families with children contained two adults, and wives represented a largely untapped resource that could be and was mobilized to generate cash income in response to the unemployment and income loss experienced by male workers (Elder, 1974). Now this resource has already been tapped to meet basic family expenses, and therefore does not represent a reserve in the sense that it did in the 1930s. Currently, employed wives earn on average about 60% of what their husbands do per hour, and in all contribute 26% of total family income (U.S. Department of Labor, 1981). Furthermore, children are increasingly an economic burden, directly because of what it costs to raise them and indirectly because of what they cost in lost parental income (i.e., time away from the job that over a childhood comes to tens of thousands if not hundreds of thousands of dollars).

Conventional economics

The relationship between developmental risk and economic crisis flows from both the current political climate and the conventional economic thinking that undergirds our political economy (Garbarino, 1988). The problem is thus both our political ideology and the conventional economic thinking that guides our institutions. Conventional economics was built and continues to rest on a foundation of ecologically flawed assumptions about prices, costs, and values.

Human activity – *particularly* economic activity – cannot *produce* anything material, only the social constructions that create or convey meaning. For example, humans produce cars, not the metal, petroleum, and other materials that go into that car. All that we do and can do is transform and (inevitably) degrade material resources into waste. Eventually the metal, plastics, and other components of the car become junk. Our economically productive activity transforms one state of matter into another by capturing and focusing energy. This transformed matter is, *for a period of time*, useful to us (it becomes a "utility" in economic terms), and then becomes waste. What we call "production" is thus really only "transformation," and the only real measure of value is the duration and nature of something's usefulness (Garbarino, 1988).

In the real social environment, human work (i.e., a job) is a vital psychological and sociological factor with many important ramifications for child welfare (Bronfenbrenner & Crouter, 1982). Conventional economics does not recognize the real material and social basis of production: Capital and labor are fully interchangeable only in the abstract calculations of conventional economics. Farmers farm not only to earn an in-

come but because of their attachment to a particular kind of life. One person farming 10,000 acres using robots is not the same as 100 people each farming 100 acres using minimal mechanization.

Standard economics proceeds on the assumption that acts that do not have an immediate cash price (such as dumping pollutants into rivers or closing enterprises that are the lifeblood of a community because they do not return a high enough dividend) are free. Economists call these factors that are outside an enterprise's direct costs "externalities." Social and material costs are pushed onto the public in general, and specific communities and families in particular. Conventional economists tell us to assume that these costs are accounted for automatically in the marketplace and result in the general good.

The invalidity of this assumption is ever more apparent as the scale of human economic enterprise grows to the point at which it is sufficiently powerful to degrade the earth on global proportions. In the social domain it is evident in the increasingly unrealistic character of conventional economic analyses of the threats posed to children by the monetarily inadequate resource base for child care. Current policy initiatives aimed at welfare reform and improving child care do not consider fully the true costs. There are limits to the number of children that one caregiver can serve, without compromising development. Family day-care providers who serve less than affluent families are usually in a very difficult position. They cannot generate sufficient income per child served to set a proper limit on the number of children in their care. A recent analysis conducted in Illinois illustrates this problem (Gilkerson, 1987). Workers at the factory studied can afford to pay no more than $25 per week per child for care. A family day-care provider who accepts four children, the approved number, can thus earn only $5,000 per year. Most day-care providers respond by increasing the number of children cared for to eight and stay outside the licensing system. The cost of this pattern of care is borne in decreased developmental prospects for the children. The same analysis concludes that it costs at least $50 per week per child to provide adequate care. Who pays the missing $25? Questions like this must be at the top of our agenda when we speak of the economics of child development. We also need to ask such questions as, How can we afford to pay $2,000 a day for neonatal intensive care for one child, but not $2,000 per family in intensive prenatal care to prevent low birth weight and neonatal risk?

Some knowledge of these issues of economic motivation and analysis will be essential for an adequate understanding of the human ecology of early risk and the prospects for intervention. The implications of this analysis run counter to the laissez-faire themes put forward during the 1980s by political forces that have demanded less rather than more governmental responsibility for families and early childhood, thereby exacerbating the dynamics of family vulnerability and economic hardship (Garbarino, 1988).

The politics of early childhood risk and opportunity in the 1980s portend a long series of battles pitting the basic well-being of some children and their families against the affluence of others. The politics of choosing between those two thrusts will intensify as they become more clearly mutually competitive. The internal situation in the United States will thus mirror the global choices to be made between more luxuries for the haves versus more necessities for the have-nots. According to the Bureau of Labor Statistics, for a family of four in 1982 to live at a "high" level required about $38,000, while to live at a "lower" (struggling) level required about $15,000. Should the goal of policy be to bring as much of the population up to $15,000 as possible, or to enhance

the prospects of those who have reached the $38,000 level? The former goal is much more germane to early intervention and the prevention of developmental risks; the latter may be more in keeping with the spirit of the time.

Economic issues play a very large role in the dynamics of early risk. At the microsystem level, family structure and activities interact with the parents' participation in the workforce. Macrosystem issues provide a context for this. To the degree to which the community's day-to-day life is monetarized, families as microsystems will be drawn or driven into the cash economy. If the exosystems of the community (local government, philanthropic institutions, etc.) remain aloof from this process, those who cannot generate sufficient cash income to participate in basic activities will become ever poorer. Impoverished microsystems will begin to form systematic patterns of deprivation – family, school, and social network will reinforce developmental delay and deviant socialization. We see this played out in the human ecology of infant mortality and child maltreatment, particularly in socially impoverished urban areas where the entire human ecology seems to operate in a concerted attack upon the foundations for successful child development. In this sense, the underclass represents a kind of ecological conspiracy against children.

THE CLINICAL SOCIOLOGY OF EARLY RISK: AN EMPIRICAL MODEL OF CHILD MALTREATMENT, INFANT MORTALITY, AND EARLY INTERVENTION IN HIGH-RISK COMMUNITIES

In contrast to the socially rich family environment stands the socially impoverished one, in which the parent–child relationship is denuded of enduring supportive relationships and protective behaviors. It is thus deprived of the essential elements of social support – nurturance and feedback systems (Caplan, 1974; Whittaker et al., 1983). The socially rich environment includes people who are "free from drain" (Collins & Pancoast, 1976). Such individuals can afford to give to and share with others, because the balance of needs and resources in their own lives markedly favors the latter. They offer "services" that do not involve cash transactions. Thus, they stand outside the monetarized human service sector (i.e., the services that involve salaries and wages, prices and financial contracts). They find nonmonetarized payoff in helping others.

What do these people who are free from drain do? One thing they do is provide "protective behaviors" to children. Emlen (1977) uses this concept to refer to the range of things neighbors and friends may do to keep children safe – everything from keeping an eye on them while they play outside, to offering assistance to parents with day-to-day or emergency care, to intervening on the child's behalf when threatened (even to reporting child maltreatment to protective service agencies). These individuals become one aspect of the socially rich neighborhood. Kromkowski (1976) puts it this way:

> A neighborhood's character is determined by a host of factors, but most significantly by the kinds of relationships that neighbors have with each other. A healthy neighborhood has some sort of cultural and institutional network which manifests itself in pride in the neighborhood, care of homes, security for children, and respect for each other (p. 228).

Socially impoverished neighborhoods, in contrast, lack people who are free from drain and therefore tend to operate on a "scarcity" economy when it comes to social relations. Mutuality is suppressed by fears of exploitation and of being a burden and excessively beholding. For example, residents may fear acts of neighboring such as

generalized offers of shared child care because such open-ended acts can open a Pandora's box of requests and may lead to the expectation of reciprocity – a negative prospect if one distrusts the caregiving practices of one's neighbors.

This social impoverishment can occur independently of economic impoverishment. When it does, however, its consequences for young children are likely to be blunted because affluent families can gain access to monetarized services to compensate. Nonetheless, the affluent but socially impoverished environment may catch up with children and families as they face the transition to adolescence, when the need for social stability increases to compensate for the intrinsic psychological and physiological challenges of puberty (Garbarino et al., 1985). Thus, even a financially affluent social environment may lack the kind of enduring support systems that adolescents need to provide positive role models, caring adult supervision, and a sense of personal validation. The same may be true for the parents of those adolescents who may feel acutely embarrassed to admit difficulty with their adolescents in a community in which there is a presumption of competence and high expectations for achievement.

The greatest risks come when families lack the financial resources to purchase support services in the marketplace and are cut off from the informal helping relationships. It is when monetarized and nonmonetarized economy are both impoverished, however, that child maltreatment and infant mortality flourish, and the challenges to early intervention are greatest (Garbarino et al., 1980). This condition is seen most clearly in the urban underclass that has become the focal point for emergency intervention. Marginal or submarginal economic resources interact with diminished psychosocial resources born of violence, academic failure, exploitation, despair, fear, and deteriorated community infrastructure. For example, in a recent study of life for preschoolers in an inner-city public housing project, all the mothers cited "shooting" as their greatest fear for their children (Dubrow & Garbarino, 1987).

In this inner-city area every child has had a first-hand encounter with gunfire – including being in the arms of someone when that person was shot and having bullets come through apartment windows nearby while playing. In such environments most women experience their first pregnancy while still an unmarried teenager, living with very little prospect of economic self-sufficiency or two-parent family status. Many of these pregnancies result from sexual exploitations by much older men (Barclay-McLaughlin, 1987). These are the environments in which prenatal care is inadequate, intervals between births are often too short, beliefs about child care too often dysfunctional, access to and utilization of well-baby care inadequate, early intervention for child disabilities inadequate, and thus in which child mortality and morbidity are rampant.

We know from research that some individuals and families create and sustain patterns of interaction that generate infant mortality and child maltreatment (Belsky, 1980; Garbarino, 1977; Gaudin & Polansky, 1985; Polansky et al., 1981). However high-risk *families* are not the whole story. To understand the forces that create and sustain early developmental risk we must go further to identify and investigate high-risk *environments* in which such families live. Understanding infant mortality and child maltreatment is thus an issue for clinical *sociology* (see Pavenstedt, 1967; Roman & Trice, 1974) as much as for clinical psychology. Families both shape their social surroundings and are shaped by them. This interactive process can enhance or undermine family functioning (Garbarino, 1977; Martin, 1976). More systematic efforts to study and serve families in context can enrich research and intervention, both preventive and rehabilitative. For many practical purposes, this means examining high-risk neighborhoods as well as high-risk families (see Sattin & Miller, 1971).

Previous research has sought to explore and validate the concept of social impoverishment as a characteristic of high-risk family environments. The links between child maltreatment and social impoverishment are well known (Garbarino, 1977; Garbarino & Gilliam, 1980). Similarly, it has long been well known, and recently affirmed, that infant mortality rates serve as social indicators of impoverishment. Identifying the environmental correlates of child maltreatment (Garbarino, 1976; Garbarino, Crouter, & Sherman, 1977) has provided an empirical basis for screening neighborhoods to identify high- and low-risk areas. This work has been extended to incorporate infant mortality as well. In Chicago, for example, public health data document infant mortality rates in the poorest third of the city's neighborhoods five to ten times the rate observed in the most affluent third (Kostelny & Garbarino, 1987).

Multiple regression analyses employing measures of socioeconomic and demographic resources have been used to illuminate two meanings of high risk (Garbarino & Crouter, 1978b). The first, of course, refers to areas with a high absolute rate of child maltreatment and infant mortality (based on cases per unit of population). In this sense, concentrations of socioeconomically distressed families are most likely to be at high risk. In one city (Omaha, Nebraska), socioeconomic status accounts for about 40% of the variation across neighborhoods in child maltreatment ($r = .64$). Similar results obtain when infant mortality is the dependent variable of interest. In Chicago, for example, these same conditions account for some 60–75% of the variation among 77 community areas in child maltreatment and infant mortality (Kostelny & Garbarino, 1987).

We should note that the magnitude of these correlations may reflect a social policy effect. It seems reasonable to assume that in a society in which low income is not correlated with access to basic human services (e.g., where there is universal availability of maternal–infant health care) these correlations would be smaller; in a society totally devoid of policies to ameliorate the impact of family-level differences in social class the correlations might be even larger. The key is how social class "status" variables is translated into the experiences of children and parents (i.e., the "process" variables).

Tulkin's (1972) classic analysis of the concept of "cultural deprivation" made this clear. On the one hand, it is not the culture of those living in poverty in some general sense that matters most. Rather it is those aspects of that culture that translate into an inability to meet the basic developmental needs of children that matter, for example, whether or not caregivers "accept" infant attachment, whether or not they "give up" too quickly on sick children, and whether or not it is normative to reject children with disabilities (Scheper-Hughes, 1987).

It is often easy to attribute blame generally incorrectly to beliefs and values of the poor, but it is much harder to recognize that in fact these beliefs bear no one-to-one correspondence with socioeconomic outcomes for an ethnic group. Tulkin, for example, cites the contrast between two culturally distinct groups of Jews in New York City. One is very successful academically; the other evidences a cultural deficit in this domain. The latter group does not inhabit the underclass, however, because of its strong economic resources and traditional commercial culture. The point is that there are multiple ways to escape poverty. Having said that, we can go still further to note that there are multiple possible consequences of being poor.

The community plays a vital role in deciding this issue. By establishing a strong and

aggressive system of prenatal and maternal and child health care, and by making it easy to gain access and difficult to avoid it, a community can do much to dissociate poverty and infant mortality (Miller, 1987). By adapting a passive stance and allowing the free market to rule, a community can strengthen the links between poverty and early child death (Garbarino, 1988).

This hypothesis merits empirical exploration, but is consistent with the observation that socioeconomic status is a more potent predictor of child development outcomes in the United States than in some European societies. Furthermore, a replication of the Omaha study conducted in Montreal revealed a weaker association of socioeconomic status and child maltreatment rates, presumably because of that city's welfare policies that diminish the link between income and basic services (Bouchard, 1987). The direct correlational links between social class and social pathology constitute the first meaning of high risk – that is, the finding that poverty is a risk factor because it is associated with rates of infant mortality, child abuse, and so on.

However, it is the second meaning of high risk that may be of greatest relevance here. High risk can also be taken to mean that a social environment has a higher rate of child maltreatment or infant mortality than would be predicted knowing its socioeconomic character. Thus, two areas with similar socioeconomic and demographic profiles may have very different rates of child maltreatment and infant mortality. In this sense, one is high risk while the other is low risk, although both may have higher rates than other, more affluent areas. Figure 1 illustrates this.

Areas *A* and *B* have high actual observed rates of child maltreatment (36 per 1,000 and 34 per 1,000, respectively). Areas *C* and *D* have lower rates (16 per 1,000 and 14 per 1,000). However, areas *A* and *C* have higher actual observed rates than would be predicted (10 per 1,000 predicted for *A*, 7 per 1,000 for *C*), while areas *B* and *D* have lower actual observed than predicted rates (55 per 1,000 for *B* and 54 per 1,000 for *D*). In this sense, *A* and *C* are both high-risk while *B* and *D* are both low-risk. Areas *E* and *F* evidence a close approximation between predicted and actual rates. As we shall see, this classification system can provide the basis for identifying contrasting social environments.

What do low- and high-risk social environments look like? One way to answer this question is to examine a pair of neighborhoods with the same predicted but different observed rates of child maltreatment (i.e., one high-risk and the other low-risk for child maltreatment). This approach provides a test of the hypothesis that the two neighborhoods present contrasting environments for child rearing (Garbarino & Sherman, 1980). Relative to a low-risk area, and even though it is socioeconomically equivalent (i.e., has the same level of poverty), a high-risk neighborhood represents a socially improverished human ecology in the sense discussed earlier – that is, it has few people who are free from drain, a generalized fear of being exploited in neighborly interactions, and a lot of highly stressed and emotionally needy families.

To complement demographic and socioeconomic data from census records and individual perceptions from face-to-face interviews with parents, investigators can interview a wide range of "informants" – people who are familiar with a neighborhood in their professional roles as police, visiting nurses, principals, clergy, mail carriers, and the like. These observers are asked to provide information about the following domains: neighborhood public image, neighborhood appearance, social characteristics, neighborhood change, neighborhood "quality of life," child abuse and neglect, neighborhood involvement, and informal supports. The results obtained through blind open-ended questions are subjected to a content analysis and validate the identification

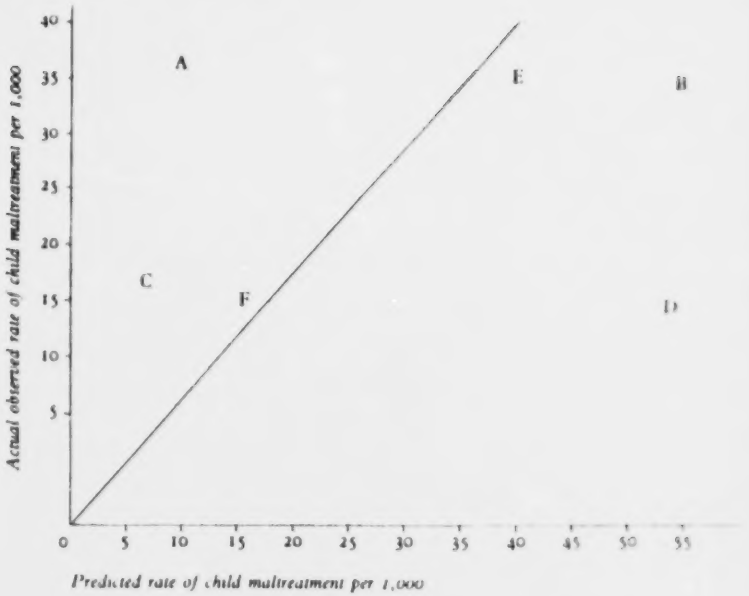

Figure 1 Two Meanings of *risk* in Assessing Community Areas

of one area as being relatively more socially impoverished than the other (Garbarino & Sherman, 1980). The observers may describe the high-risk neighborhood as deteriorated interpersonally and physically, as a dangerous place, as disorganized, and distrustful. In one study there was less positive neighboring and more stressful day-to-day interactions for families in the high-risk area (Garbarino & Sherman, 1980). In short, even though it has equal economic status with the low-risk area, the high-risk neighborhood violates all of Kromkowski's (1976) requisites for a good neighborhood: pride in the neighborhood, care of homes, security for children, and respect for each other.

Current research in metropolitan Chicago seeks to place evaluation of community-based prevention programs within an ecological perspective (Garbarino, Schellenbach, & Kostelny, 1986). It does so by focusing on the operation and impact of child abuse prevention, infant mortality reduction, and family support programs in four high-risk community areas. This provides a case study for applying the concepts of human ecology to the practice of evaluating the impact of early intervention.

The net result of these analyses will document the degree to which program operation is conditioned by community factors. This is an important issue for the field of early intervention, where family support programs seek to be community-based (cf. Kagan, Powell, Weissbourd, & Zigler, 1987). Such analyses can shed light on the degree to which program effectiveness is conditioned by community characteristics, and thus provide guidance for early interventionists, program managers, and community development specialists. Such analyses can serve as a model for the kind of program evaluation needed to make sense of the issues we face in making a community commit-

ment to deal with developmental risk. It provides the operational basis for understanding the human ecology of early developmental risk.

The clinical sociology of early risk is one of the important underdeveloped resources for improving the life prospects of children. It requires further efforts to operationalize the concepts of social richness and social impoverishment. It requires further efforts to use these concepts in understanding the impact of social class on development. It requires further efforts to operationalize a community-based program evaluation model for assessing early intervention efforts. It is a crucial feature of our efforts to bring out into the field the ecological insight that when asked, Does *X* cause *Y*? the answer is always, It depends. Finding out the precise who, what, where, and when of that assertion of the importance of context is one of the major challenges we face in making further progress in a science of early intervention on behalf of children at risk.

CONCLUSION

In the Middle Ages half the children died by age five. Now, child death is relatively rare. As standards and expectations for the care and life prospects of children have improved in the last century, developmental risk has become a focal point for research and policy. Thus, our focus has shifted from sheer quantitative concern with child survival to a qualitative concern with development. This is a major accomplishment.

This chapter has explored the sources of developmental risk in the social environment. Its ecological perspective provides a challenge to researchers, policymakers, and clinicians. The challenge is both intellectual and spiritual. The intellectual challenge is to insist upon analytic models that are ecologically valid – that incorporate (or at least address) the full range of influences upon children, from the organismic to the macrosocial. This strains our intellectual resources to their limits, and sometimes beyond. The spiritual challenge is to refuse to despair when faced with the ecological "conspiracies" that envelope children in high-risk social environments. We must refuse to despair and refuse to capitulate to narrow intervention approaches, single-variable models, and other efforts to deny the importance of ecological validity. This is the agenda before us.

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5 *Protective factors and individual resilience*

EMMY E. WERNER

> It is man's role
> in this evolving universe
> to teach the terrors of his nature
> and his world to sing
> Lillian Smith, *The Journey*

Even in the most disorganized and emotionally impoverished homes, and beset with serious physical handicaps, some children appear to develop stable, healthy personalities and to display a remarkable degree of resilience. Such children have recently become the focus of attention of researchers who have asked, What is right with these children? and, by implication, How can we help others to becomes less vulnerable in the face of life's adversities?

A number of investigators from different disciplines – psychologists, psychiatrists, pediatricians, educators, and sociologists – are engaged in this venture, both in the United States and in Europe. But in contrast to the well-established track record of those who study high-risk children who go on to develop problems, research on protective factors and individual resilience is still in its infancy – "a new scientific region to explore" (Anthony, 1978).

The first objective of this chapter is a clarification of concepts, the second is an overview of the different methodological approaches that have been used to study protective factors and resilience, and a third is to summarize what is presently known about the role of protective factors in the development of children, families, and the community at large. The chapter concludes with a discussion of implications for early intervention that arise from our yet fragmentary knowledge of the roots of resilience in children.

CONCEPTS OF RESILIENCE AND PROTECTIVE FACTORS

The concepts of *resilience* and *protective factors* are the positive counterparts to the constructs of *vulnerability* (which denotes an individual's susceptibility to a negative outcome) and *risk factors* (which denote biological or psychosocial hazards that increase the likelihood of a negative developmental outcome).

Researchers who study children exposed to biological risk factors and stressful life events have gone through several stages in their approach to understanding vulnerability and resilience. First, emphasis was given to the negative developmental outcomes associated with single risk factors, such as low birth weight, or stressful life events, such as the loss of a parent. This was followed by a shift from a "main effect" model of risk research to one that considered interactional effects among multiple stressors, such

Fostering Resiliency in Kids

Bonnie Benard

Despite overwhelming adversity, many children successfully manage to bounce back. What personal characteristics make this possible, and how can schools create environments that support these children?

Much attention has been focused recently on "at risk" children, especially those who face poverty, neglect, abuse, physical handicaps, war, or the mental illnesses, alcoholism, or criminality of their parents. Amazingly, while researchers have found that these children do develop more problems than the general population, they have also learned that a great percentage of the children become healthy, competent young adults.

For example, Michael Rutter's research on children growing up in adverse conditions found that half of the children did not repeat that pattern in their own adult lives (1985). Emmy Werner's ongoing, 38-year study of the children of Kauai found that one-third of the children having four or more risk factors during their childhood were doing fine by adolescence. By age 32, two-thirds of the children who did develop problems during adolescence were leading successful adult lives (Werner and Smith 1992).

The repeated documentation of this "resiliency"—the ability to bounce back successfully despite exposure to severe risks—has clearly established the self-righting nature of human development. Furthermore, several longitudinal studies of children growing up in adversity have identified protective factors in the child, family, school, and community that can buffer life's stresses.

While as educators we need to understand the stresses that are part of children's lives, we must move beyond a focus on the "risk factors" and problems in order to create the conditions that will facilitate children's healthy development. A growing body of research tells us what young people need to overcome the risks they face (Benard 1991).

We must move beyond a focus on the "risk factors" in order to create the conditions that will facilitate children's healthy development.

Profile of the Resilient Child

According to the literature, the resilient child is one who "works well, plays well, loves well, and expects well." Resilient children usually have four attributes: social competence, problem-solving skills, autonomy, and a sense of purpose and future.

Social competence includes qualities such as responsiveness—especially the ability to elicit positive responses from others—flexibility, empathy, caring, communication skills, and a sense of humor. From early childhood on, resilient children tend to establish positive relationships with both adults and peers that help bond them to their family, school, and community.

Problem-solving skills encompass the abilities to think abstractly and reflectively and to be able to attempt alternate solutions for both cognitive and social problems. Two skills are especially important: planning, which facilitates seeing oneself in control; and resourcefulness in seeking help from others. The literature on children growing up in slums provides an extreme example of the role these skills play in the development of resiliency; these children must continually negotiate the demands of their environment or die (Felsman 1989).

Autonomy is having a sense of one's own identity and an ability to act independently and exert some control over one's environment. Several researchers have also identified the ability to separate oneself from a dysfunctional family environment—to detach enough from parental distress to maintain outside pursuits and satisfactions—as the major characteristic of resilient children growing up in families with alcoholism and mental illness (Berlin and Davis 1989).

A sense of purpose entails having goals, educational aspirations, persistence, hopefulness, and a sense of a bright future. Werner and Smith conclude that:

> The central component of effective coping with the multiplicity of inevitable life stresses appears to be a sense of coherence, a feeling of confidence that one's internal and external environment is predictable and that things will probably work out as well as can be reasonably expected (1989).

When looking at this profile of a resilient child, we must look beyond personality traits and the ever-present temptation to "blame the victim" or "fix the kid" and examine the environmental characteristics that have fostered the development of resiliency. Families, schools, and communities that have protected children growing up in adversity are characterized by (1) caring and support, (2) positive expectations, and (3) ongoing opportunities for participation.

A Caring Environment

Given the incredible stresses the family system is now experiencing, school has become a vital refuge for a growing number of children, serving as a "protective shield to help children withstand the multiple vicissitudes that they can expect of a stressful world" (Garmezy 1991). James Garbarino, who researched resiliency in children living in war conditions, including inner-cities in the United States, tells us:

> Despite the overwhelming pressures in the environment, 75 to 80 percent of the children can use school activities as a support for healthy adjustment and achievement when schools are sensitive to them and their burdens (Garbarino et al. 1992).

The level of caring and support within a school gives us a powerful indicator of positive outcomes for youth. While Werner in her research acknowledges that "only a few studies have explored the role of teachers as protective buffers in the lives of children who overcome great adversity," she found that

> among the most frequently encountered positive role model in the lives of the children of Kauai, outside of the family circle, was a favorite teacher. For the resilient youngster a special teacher was not just an instructor for academic skills, but also a confidant and positive model for personal identification (1990).

Further documenting the power of a caring teacher is Sarah Moskovitz's 30-to-40-year follow-up study of childhood survivors of the Nazi Holocaust. Following World War II, children from concentration camps and orphanages were sent to a therapeutic nursery school in England. All 24 of the resilient survivors "considered *one* woman to be among the most potent influences in their lives—the nursery school teacher who provided warmth and caring, and taught them to behave compassionately" (1983).

Reinforcing these findings, Nel Noddings's research into the power of caring relationships at school found that

> at a time when the traditional structures of caring have deteriorated, schools must become places where teachers and students live together, talk with each other, take delight in each other's company (1988).

The need for caring teachers was also a major concern of high school students. According to a study done by Stanford University's Center for Research on the Context of Secondary School Teaching,

> the number of student references to wanting caring teachers is so great that we believe it speaks to the quiet desperation and loneliness of many adolescents in today's society (Phelan et al. 1992).

An independent study by the Institute for Education in Transformation at Claremont Graduate School found similar concerns (1992).

While we cannot overemphasize the importance of the teacher as caregiver,

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we must not overlook the role of caring peers and friends in the school and community environments. Research into the resiliency of "street gamins" clearly identifies peer support as critical to the survival of these young people (Felsman 1989). Similarly, Werner found caring friends to be a major factor in the development of resiliency in the disadvantaged population in Kauai (Werner and Smith 1989).

Resilient youth take the opportunity to fulfill the basic human need for social support, caring, and love. If this opportunity is unavailable to them in their immediate family environment, it is imperative that the school give them the chance to develop caring relationships.

Positive Expectations

Research has shown that schools that establish high expectations for *all* kids—*and give them the support necessary to live up to the expectations*—have incredibly high rates of academic success. Rutter found that schools within poverty-stricken areas of London showed considerable differences in rates of delinquency, behavioral disturbance, attendance, and academic attainment (even after controlling for family risk factors). The successful schools shared certain characteristics: an academic emphasis, teachers' clear expectations and regulations, a high level of student participation, and alternative resources such as library facilities, vocational work opportunities, art, music, and extracurricular activities (Rutter et al. 1979). In her research, Judith Brook found that high expectations and a schoolwide ethos that values student participation also mitigated the most powerful risk factor for adolescent alcohol and drug use—peers who use drugs (Brook et al. 1989).

Researcher Rhona Weinstein identifies the following ways through which we can communicate positive, high expectations to students (1991):

Teacher behavior and attitudes. Teachers who convey the message that "this work is important; I know you can do it; I won't give up on you" and who play to the strengths of each child exert a powerful motivating influence, especially on students who receive the opposite message from their families and communities. In *Among School Children*, Tracy Kidder says:

> For children who are used to thinking of themselves as stupid or not worth talking to or deserving rape and beatings, a good teacher can provide an astonishing revelation. A good teacher can give a child at least a chance to feel, "She thinks I'm worth something; maybe I am" (1990).

Jeff Howard's work through the Efficacy Institute found that children in inner-city Detroit schools achieved more when they were directly taught that intellectual development is something they all can achieve through effort, as compared to something only some people are born with (1990).

Curriculum. A rich and varied curriculum provides opportunities for

The Child Development Project

The Child Development Project (CDP) is a comprehensive program aimed at fostering children's ethical, social, and intellectual development. At its philosophical core is the idea that values must be *experienced* as well as taught.

Mobility and demographic changes have robbed many children of close, trusting relationships. Because these are critical to development, CDP schools seek to become "caring communities," where children feel valued, connected, and responsible to others. Project teachers shape many facets of elementary school life:

The *curriculum* gives children opportunities to work collaboratively and to explore—through literature, history, science—what it means to be a principled, caring human being.

Discipline emphasizes problem solving, not punishment.

Motivational practices focus children's attention on the joys inherent in ethical conduct and in learning—not on external rewards or punishments.

Schoolwide culture enables all children—not just the best-behaved or highest-achieving—to be contributing members of the school community.

Family activities make the school a welcoming place that helps children deepen their bonds with family members.

In CDP schools, teachers spend up to 30 days over three years in staff development that explores how discipline practices, cooperative learning, literature-based reading, schoolwide events, and parent outreach can foster children's ethical and intellectual development. At weekly partner study meetings, teachers share successes and problems in their pursuit of these common goals.

Ultimately, though, each CDP school finds its own way to make close, trusting relationships central to school life. Schools invent new traditions and reshape existing ones as they reweave the fabric of school life to emphasize values of kindness, fairness, and personal responsibility.

Research on attachment and intrinsic motivation provides strong evidence that trusting, mutually satisfying relationships are critical to character development. Evidence links character development to the sense of community within a school.

Originally developed in collaboration with the San Ramon and Hayward school districts in California, CDP has been the focus of an intensive longitudinal study over the past 12 years. Recently, the project has expanded to districts in Cupertino, San Francisco, and Salinas, Calif.; Dade County, Fla.; Jefferson County, Ky.; and White Plains, N.Y. In these districts, a group of 24 program and comparison schools will be studied extensively over four years.

For more information, contact the Developmental Studies Center, 2000 Embarcadero, Suite 305, Oakland, CA 94606-5300. ■

—Eric Schaps, Catherine C. Lewis, and Marilyn Watson

students to be successful not just in academics but also in the arts, in sports, in community service, in work apprenticeship, and in helping peers. In doing so, it communicates the message that the unique strengths of each individual are valued. Schools that integrate academic and vocational education for all their students convey the message that both skills are vital to future success. A multicultural curriculum tells children of color that their cultural roots and languages are valued.

Evaluation. Schools that encourage young people do not rely on standardized tests that assess only one or two types of intelligences (usually linguistic and logical-mathematical). Instead, they use multiple approaches, especially authentic assessments, that promote self-reflection and validate the different types of intelligences, strengths, and learning styles children possess.

Motivation and responsibility for learning. Schools that are especially successful in promoting resiliency build on students' intrinsic motivation and interests through a varied and rich curriculum that encourages cooperation instead of competition. Furthermore, active student participation and decision making in both the curriculum and evaluation foster students' responsibility and ownership for learning.

Grouping. How we group children in our classrooms and schools powerfully communicates expectations. The research of Jeannie Oakes and others has documented the deleterious effects of tracking on low-achieving students (1985). Conversely, Anne Wheelock's recent book relates the positive effects of untracked schools on students' aspirations (1992). An enormous body of research points to the consistent positive academic and social outcomes of heterogenous, cooperative learning groups for all students, especially for low-achievers.

Labeling students "at-risk" can set in motion a vicious self-fulfilling prophecy. No matter how well-meaning, targeted programs that label children as "at risk" may be doing more harm than good. As educator Herb Kohl states:

> Although I've taught in East Harlem, in Berkeley, and in rural California, I have never taught an *at-risk* student in my life. The term is racist. It defines a child as pathological, based on what he or she might do rather than on anything he or she has actually done (Nathan 1991).

Furthermore, research consistently shows us that 50 to 80 percent of students with multiple risks in their lives do succeed, especially if they experience a caring school environment that conveys high expectations.

Youth Participation

Providing youth with the opportunities for meaningful involvement and responsibility within the school is a natural outcome in schools that have high expectations. According to Rutter, in the schools with low levels of delinquency, children

> were given a lot of responsibility. They participated very actively in all sorts of things that went on in the school; they were treated as responsible people and they reacted accordingly (Rutter et al. 1979).

The High/Scope Educational Research Foundation's 15-year study of the Perry Preschool Project demonstrates the importance of creating opportunities for participation from an early age. This study discovered that when children from an impoverished inner-city environment were given the opportunities to plan and make decisions in their preschool, they were, at the age of 19, significantly less (as much as 50 percent) involved in drug use, delinquency, teen pregnancy, or school failure (Berruta-Clement et al. 1984). Furthermore, the recently published study of this population at age 27 found that project participants have committed far fewer crimes, have higher earnings, and possess a greater commitment to marriage than adults from similar backgrounds (Weikart and Schweinhart 1993).

Given the incredible stresses the family system is now experiencing, school has become a vital refuge for a growing number of children.

Participation, like caring and support, is a fundamental human need—the need to have some control over one's life. Several educational reformers believe that when schools ignore these basic needs of both kids and adults, they become alienating places (Glasser 1990, Wehlage et al. 1989). According to Seymour Sarason:

> When one has no stake in the way things are, when one's needs or opinions are provided no forum, when one sees oneself as the object of unilateral actions, it takes no particular wisdom to suggest that one would rather be elsewhere (1990).

The challenge for our schools is to engage children by providing them opportunities to participate in meaningful activities and roles. There are many ways to infuse participation into the school day. Some examples include: giving students more opportunities to respond to questions; asking their opinions on issues; asking questions that encourage critical, reflective thinking; making learning more hands-on; involving students in curriculum planning; using participatory evaluation strategies; and employing approaches like cooperative learning, peer helping, cross-age mentoring, and community service. Such strategies bond young people to

To see the strengths in children, teachers must be able to see their own strengths.

their school community and can promote all the traits of resiliency—social competence, problem solving, autonomy, and a sense of a bright future.

Acknowledge Your Resiliency

Evidence demonstrates that a nurturing school climate has the power to overcome incredible risk factors in the lives of children. What is far less acknowledged is that creating this climate for students necessitates creating this environment for all school personnel. Paraphrasing Sarason, whatever factors, variables, and ambience are conducive for the growth, development, and self-regard of students are precisely those that are crucial to obtaining the same consequences for a school's staff (1990).

It's hard to be caring and supportive, to have high expectations, and to involve students in decision making without support, respect, or opportunities to work collegially with others. Fostering resiliency in young people is ultimately an "inside-out" process that depends on educators taking care of themselves. In *Winning Teachers, Teaching Winners,* Patricia Munson advises teachers to

> choose to see yourself and others as winners. Look for things to acknowledge yourself for, rather than stuff to make yourself feel wrong about. No one outside yourself can make you happy. You have to do it for yourself. And your students need to learn that, too. It is one of the keys that will assist them to be able to create anything they want in their lives (1991).

To see the strengths in children, we must see our own strengths; to look beyond their risks and see their resiliency means acknowledging our own inner resiliency. ■

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THEORY & REVIEW

POVERTY AND EARLY CHILDHOOD PARENTING: Toward a Framework for Intervention

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The relationship between poverty and child rearing has been a persistent source of social concern in the United States. Drawing on available literature, this paper seeks to establish a conceptual approach to the interaction of these two complex variables. Appropriate interventions and strategies for their implementation are considered.

The apparent links among poverty, inadequate parenting, and compromised child development have long been a source of concern for American social reformers (*Grubb & Lazerson, 1982*). Historically, the dominant intervention thrust has been to supplement or compensate for parental care in an effort to assure low-income children an equal opportunity for educational and occupational success. But there have always been organized efforts to strengthen such care as well; for example, the "moral guidance" provided by the nineteenth century friendly visitors, the settlement house workers' advice and assistance on child-rearing matters, and the family casework of the first child and family service agencies (*Lubove, 1968; McGowan, 1988*). In the past 25 years especially, interventions designed to provide child-rearing guidance, advice, and psychological support to low-income families with young children have proliferated (*Weiss & Halpern, 1988*).

Why has the relationship between poverty and child rearing been such a compelling and persistent source of social concern? There is unquestionably something to that concern, but the relationship between these two complex variables remains far from clear (*Sameroff, Seifer, Barocas, Zax, & Greenspan, 1987*). This paper will draw on available literature in an effort to establish a useful conceptual approach to studying the relationship between poverty and early childhood parenting, and to discuss implications for service-oriented intervention strategies. It will be argued that poverty creates a number of characteristic obstacles to attentive and nurturant child rearing; at the same time, it will be argued that the effects of poverty on the parent-child relationship are mediated by the interaction of situational factors, personal developmental history, and cultural affiliation. The appropriate emphases of helping strategies depend on the nature of the defining stresses and vulnerabilities in a family.

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CONSTRAINTS TO A REVIEW OF POVERTY AND PARENTING

It is generally difficult to establish causality, and even to decide on a focus, in studying relationships between individuals and the social systems in which they are embedded. In the case of poverty and early childhood parenting, empirical problems are compounded by theoretical differences about how to approach the subject. It has been argued, for example, that it is inappropriate to evaluate parenting in low-income, especially low-income minority, populations by standards that reflect only mainstream cultural norms, opportunities, and situational demands *(Ogbu, 1987)*. Patterns of care and nurturance can only be evaluated in relation to the characteristics of the sociocultural context in which they occur.

From the perspective of mainstream developmental psychology there is substantial agreement about the attributes of parental care that promote healthy development in young children *(Clarke-Stewart, 1973, 1977; Escalona, 1981; Musick & Stott, in press; Rapoport & Rapoport, 1980)*. Children need to be protected from physical and psychological harm, and provided adequate nourishment. Beyond these basics, in infancy children need frequent holding, touching, smiling, and talking; in a word, nurturing. They need a parent who is a mediator of environmental stimulation, a parent who is sensitive to and accepting of their moods, responsive to their cues, consistent in behavior, and available in the most fundamental sense. For toddlers and preschoolers, additional attributes such as expanding and elaborating on play activities; a cognitively rich physical and social environment; firm, consistent, and yet flexible control strategies; and an absence of restrictiveness have been noted to be important.

Critics argue that mainstream notions of nurturant parenting derive from the study of a particular (i.e., white, middle-class) social world, requiring particular child competencies *(Ogbu, 1985, 1987)*. Children from low-income, especially low-income minority, families face different demands, threats, and opportunities in the immediate physical and social contexts of their daily lives; these require different parental care and nurturance strategies *(Laosa, 1979; LeVine, 1974; Ogbu, 1985)*. Parents interpret and respond to their young children's actions not only in a manner consistent with their individual psychological structures, but in a manner consistent with their belief systems and the sense of what skills their children will need to survive and compete *(Laosa, 1979)*. The evaluative problem, then, is that patterns of care and nurturance designed to prepare low-income children for the immediate contexts of their lives may not always be consonant with those that mainstream psychology defines as optimal. This conflict will be addressed at greater length later.

A different sort of complicating factor in studying the relationship between poverty and early childhood parenting arises from the very act of studying this relationship. It has been argued that by focusing so excessively on child rearing in efforts to understand the reasons for poor outcomes in low-income children, researchers are implicitly placing responsibility for such poor outcomes on parents themselves *(Sigel, 1983)*. The decision to focus on the relationship between poverty and parenting creates a dynamic in which parents are found responsible for any child and family problems observed. In general, according to this argument, we have overemphasized the role that the micro-environment of the family plays in determining child development, and underemphasized the role of the macro-environment in which the family is embedded *(de Lone, 1979)*.

Obviously, parenting is not the only path through which poverty can act to influence child development. Poverty denies young children adequate housing, medical care, nutrition, and, increasingly, safe environments in which to play. The schools that low-income children attend have fewer resources to devote to children's de-

velopment, and all too often are pervaded by low expectations for their students' achievement. An increasing proportion of low-income children are growing up in neighborhoods of concentrated poverty, neighborhoods devoid of the institutions, role models, and organized activities that serve as a foundation for socially valued adult outcomes (*Wilson, 1987*). Nonetheless, in early childhood, parents constitute children's primary environment. The specific patterns of interaction that develop between parent and young child are the basic material from which the child constructs a sense of self (i.e., of agency, physical integrity, relatedness) and a particular way of adapting to events in life (*Massie, Bronstein, Afterman, & Campbell, 1988; Stern, 1985*). Further, parents play an important role in mediating between children and the larger social environment, protecting children from threats to their well-being, seeking out such community resources as early childhood education programs, interpreting and giving meaning to that environment (*Musick, 1987*).

POVERTY AS AN ORGANIZING INFLUENCE ON CHILD REARING

A large number of factors influence parents' ability to meet their young children's developmental and socialization needs. As Belsky (*1984*) has noted, parenting is multiply determined, with child characteristics, parents' personal characteristics, situational factors, community characteristics, and broader sociocultural factors all playing a role. Each individual determinant of parenting—for example, a child's birth order and skill in eliciting attention, a parent's personal history of being reared and cared for, the degree of material hardship a family experiences—finds its own distinct expression in the parent-child relationship. But each is also linked to the others, modifying their effects (*Pawl, 1987*). In that light, the influence of poverty is only one of numerous influences, one that not only mediates but is mediated by the others.

Why, then, does poverty seem to underlie so much of the caregiving "casualty" that children experience in American society (*Pelton, 1978; Sameroff & Chandler, 1975; Sameroff, Seifer, Barocas, Zax, & Greenspan, 1987*)?

In the first place, the presence of poverty increases the likelihood that other personal and situational determinants of parenting will act as risk factors rather than protective factors in children's and parents' lives (*Rutter, 1987*). The chronic stress, material hardship, and all too frequent dehumanization that define the experience of poverty in the United States exert a negative potentiating influence on other determinants. Poverty produces its own risk factors, such as dilapidated, overcrowded housing. It also uncovers and magnifies the effects of preexisting personal vulnerabilities, for example a poor nurturance history (*Solnit, 1983*). The ways in which poverty potentiates risk can be seen in numerous domains. For example, low-income women are twice as likely to have a low-birthweight baby, with the attendant challenges and stresses for parenting (*Goldberg, Brachfeld, & Divetto, 1980; Starfield, 1986*). They are less likely to be married; when they are married, they experience more marital conflict than do their more economically-advantaged peers, undermining a key source of social support. Other sources of social support are themselves likely to be struggling with poverty-related stresses, undermining their ability to provide practical and emotional support for parenting (*Belle, 1983*). Low-income parents are three times more likely than other parents to begin child rearing during adolescence, and thus to face unique challenges (*Kamerman & Kahn, 1988*). Low-income women have among the highest rates of depression of any group in American society (*Belle, 1982*). Mothers who are depressed are less responsive and nurturant, less aware of their children's moods, and more restrictive with their children (*Belle, 1982; Siegler, 1982*).

The effects of any one or even a few risk

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factors can be mediated by the presence of protective factors elsewhere. But poverty increases the likelihood that numerous risk factors will be present simultaneously—in the child, the parents, the family's informal support system, and the neighborhood; as a corollary, poverty reduces the likelihood that protective factors will be present somewhere in those systems. For example, low-income women are not only more likely than more economically-advantaged peers to experience high risk pregnancies, they are less likely to have access to high quality prenatal care. Low-income parents are not only more likely than more economically-advantaged peers to have experienced poor or erratic nurturance as children, they are less likely to have access to services to help them deal with the harmful consequences of such histories for mental health and parenting. They are not only more likely to lack a marital and extramarital support system that is free from drain, they are less able to purchase support in the marketplace.

Most critically, the chronic and pervasive quality of poverty increases the chances that the impact of early risk factors will be "carried forward" over time, and ultimately internalized; further, risk factors will be more likely to accumulate over time in children's and families' lives, creating an increasingly inexorable pull toward poor outcomes *(Birch & Gussow, 1970; Meisels, in press; Schorr, 1988)*. For example, the effects of low birthweight on child, parents, and family system tend to reverberate over a longer period in low-income families than in more economically-advantaged ones. The unhealthy physical environments in which low-income families live—for example environments high in ambient lead—exacerbate the biological health risks associated with low birthweight, turning acute problems such as respiratory vulnerability into chronic problems. A fussy, disorganized low-birthweight infant is more likely to overtax the limited physical and emotional resources of an already overstressed mother; parent-infant relationships that get off to such a poor start often become increasingly difficult to redirect *(Beckwith, 1988)*.

SOCIAL TRENDS

Exacerbating the inherent dynamics of risk accumulation for low-income families in American society are the particular correlates of poverty in the late 1980s, correlates that make it increasingly difficult for families to find a path out of poverty however and whenever they are drawn in. These include single parenthood, inadequate wage rates for unskilled jobs, inadequate income supports for parents who cannot or who choose not to work, and a growing geographic concentration of low-income families in socially isolated inner-city neighborhoods.

In 1960 only about 20% of low-income families were female-headed; currently, more than half are *(Halpern, 1986)*. Single mothers with young children are particularly likely to experience their life situation as stressful and out of control, and their options as unpalatable *(Kamerman & Kahn, 1988)*. If they choose to work, can find a job, and can find adequate, affordable child care, they may not earn enough to escape poverty. A single mother with just one child, working full-time all year at a minimum wage job cannot earn enough to escape poverty *(Reischauer, 1986)*. If a single mother chooses or is forced to rely on welfare, poverty is almost guaranteed. Even when their total value is combined, the package of means-tested family supports lifts fewer than 10% of participating families out of poverty *(Reischauer, 1986)*. Moreover, the dehumanization and loss of control that so often accompany welfare dependency in American society bear a personal cost in physical and mental health that undermines the opportunity created to devote oneself to the care and nurturance of one's children *(Belle, 1982)*.

A social trend of growing importance is the increase in the concentration and absolute number of low-income families with

young children in inner cities. Poverty is becoming increasingly a big-city, central city phenomenon (*Wilson, Aponte, Kirschenman, & Wacquant, 1988*). This trend is related to two other long-term trends that are suddenly receiving a good deal of public attention—the loss of jobs and the accompanying emigration of all but the poorest families from the inner cities. These in turn are making it increasingly difficult to sustain traditional institutional sources of authority, support, identity and mobility—churches, neighborhood associations, schools, businesses—in inner city neighborhoods (*Comer, 1989*). Informal support systems are also "thinning out" and become less protective and nurturing (*Musick, 1987*). Less effective support systems, critical lack of resources, and the dearth of paths out of poverty are producing and intensifying patterns of survival-oriented coping, decision-making, and relating; these are accompanied by a downward adjustment of expectations and hopes. As Comer (*1989*) noted,

> ... although minimal income is not an absolute deterrent, desirable family functioning is nonetheless more difficult to sustain without a reasonable threshold of economic opportunity (p. 110)

PARENTAL CHARACTERISTICS

It would seem to require extraordinary effort not to communicate feelings of futility and hopelessness to one's children under the extreme conditions facing growing numbers of low-income families. But, indeed, some parents do manage to help their children defy the odds. Who are these parents? One can argue that they are the parents with fewer, healthier, and more easy-going young children, better marital and extramarital supports, and more supportive neighborhood environments (*Garbarino & Sherman, 1980; Werner & Smith, 1982*). But first and foremost they appear to be parents with greater personal resources. Clark (*1983*), in a study of the influence of early family environment on school success among low-income, urban black children, found that while almost all parents in the sample had been exposed over long periods to discrimination, disparagement from dominant institutions, and constant worries about getting by, parents varied significantly in how they experienced, interpreted, and managed such difficulties. The high-achieving students' parents were realistic about the world, but faced it in a purposeful, serious way. These parents

> possessed a belief in their own ability to see to it that somehow their children's needs would be provided for. ... [also] deep self-pride and personal integrity, a sense of the salience of the needs of their children. (*Clark, 1983, p. 116*)

Looking into the personal histories of those parents who managed to create a predictable, nurturant home environment under difficult life circumstances, Clark found strong extended families characterized by plentiful practical assistance, a pervasive, consistent current of emotional support among extended family members, and family pride in not becoming "victims" of their life situation. Other studies have documented how some young adults with difficult, even painful, life histories are able to keep the child caring dimension of their functioning autonomous and protected from stress and strain in other areas (*Polansky, Chalmers, Buttenwieser, & Williams, 1981*). Such adults often have experienced and internalized the care and nurturance of a special figure at least at some point during their own formative years. They may have acquired a set of strongly held beliefs or values that make life seem coherent and manageable, even in adversity (*Werner & Smith, 1982*).

At the other extreme are young adults in whom personal characteristics seem to exacerbate the effects of situational stresses associated with poverty. For this group of parents, obstacles posed by stressful living conditions and inadequate services are compounded by lack of "self" resources, and struggles for their own personal development (*Egeland, Jacobvitz, & Sroufe, in press; Musick, 1987; Newberger, Hamp-*

ton, Marz, & White, 1986; Wieder, Jasnow, Greenspan, & Strauss, 1987). The expression of such double vulnerability varies. It may result in increased social isolation. For example, in neighborhoods in which physical danger already tends to isolate families in their own apartments, young parents who feel depressed or overwhelmed are less likely to seek out and develop a support system for their child rearing (*Belle, 1983*). It may result in lack of investment in the parenting role, due to lack of physical and psychic energy, basic lack of capacity, or the urgency of the parent's own needs. Conversely, it may result in an inappropriate reliance on children for the love and gratification that was not forthcoming from one's parents. Increasingly, it may include serious drug abuse.

The proportion of low-income parents in this psychologically and situationally vulnerable group is simply not known. Worsening social conditions in the inner cities certainly create a context that fosters such double vulnerability. The direct roots of this vulnerability are often found in personal histories marked by important losses and disruptions, and, at the extreme, by abuse or neglect. For example, 70% of the women referred to one clinical infant intervention program because of difficulties with mothering had experienced major disruption of significant relationships before age 12 (*Wieder, Jasnow, Greenspan, & Strauss, 1987*). Egeland, Jacobvitz, and Papatola (*1987*) reported that 70% of the women in their low-income longitudinal sample who had experienced abuse as children were maltreating their own children. In a study of child neglect in a low-income urban population, Polansky, Chalmers, Buttenwieser, and Williams (*1981*) found that childhood "abuse was reported by over three-fifths of the neglect mothers but by less than a fifth of the non-neglect" (pp. 152–154); likewise, 41% of the neglectful versus 7% of the non-neglectful mothers had experienced long-term removal from their natural parents. Neglectful parents' history of loss, disruption and abuse "conspired" to keep them from developing supportive, intimate relations with persons who could have helped prevent abnormal parenting.

Brooks-Gunn and Furstenberg's (*1987*) longitudinal study of the consequences of adolescent childbearing in a sample of 300 low-income Baltimore families documented the compounding effects of personal and situational stresses—and, at the same time, the buffering effect of even a few protective factors—under generally difficult life circumstances. The study found "tremendous diversity" in both long-term adaptation to early childbearing and long-term outcomes for parents. On the other hand, regardless of parental outcomes, the adolescent mothers' preoccupation with their own developmental struggles during their children's formative years bore tremendous costs for those children.

In a follow-up in which sample members were in the mid- to late-30s, the investigators found significant variability among sample parents in school completion, subsequent reproductive careers, and long-term economic self-sufficiency. For example the sample divided evenly among those on welfare, the working poor, and those with moderate and even relatively high incomes (over $25,000). About one-fifth never had another child; two-fifths had one additional child; 31% had two additional children; and 8% had three more children. The variability that Brooks-Gunn and Furstenberg found in adult outcomes appeared to be in part related to characteristics of adolescents' biological families at the time they initiated childbearing, in part to the number of additional live births after the target child, and in part to marital history. Long-term outcomes were poorest for those in the sample whose own parents had a low level of education or a history of welfare dependency, and for those who had two or more additional children within five years of the target child. The investigators speculated that, alone or together, such factors decreased the likelihood that the adolescent

would return to school to complete her education.

The same factors appeared to work intergenerationally to predict child outcomes. But even when the parents in the sample struggled successfully to overcome the impediments to personal development that early childbearing had brought, such struggle seemed to levy costs on their children. Lack of maternal attention was compounded by "the high rate of marital dissolution, the relatively large number of women who never married, and the frequency of short-term cohabitation relationships," which translated into "fleeting and unpredictable presence of adult men for the children" (p. 181). For these and related reasons, regardless of parents' personal achievements, the majority of target children in the Baltimore sample had very troubled school careers, with high rates of retention in grade (50% at least once), suspension (40% at least once), and truancy; and high rates of specific behavioral problems. One explanation was continuity in children's developmental trajectories from early childhood, which was almost inevitably a difficult period for mothers and children, through adolescence. As Brooks-Gunn and Furstenberg noted, "once a trajectory was set, in terms of preschool academic or behavior problems, it was likely to continue" (p. 184).

ADAPTATION TO POVERTY

While poverty produces and exacerbates many types of vulnerabilities in families, it is also a reality to which children and families adapt. Moreover, adaptations to poverty occur within the framework of the attitudes, beliefs, and behavior characteristic of the sociocultural group to which a young parent belongs. Families' nurturing and socialization strategies are deeply embedded in their cultural and ethnic identities, and deeply rooted in the historical experience of the sociocultural group to which they belong. Intergenerational continuity in such strategies provides a measure of control and stability in the face of uncertainty and lack of control over a hostile external environment. At the same time, adaptively-rooted child-rearing and coping strategies can be an additional source of vulnerability in children and families.

Such vulnerability may be due to a disjunction between the child-rearing strategies of the group and the norms of the larger society. For example, the historical pattern among black families of promoting strong bonds between children and nonparental kin is often overlooked by the child welfare system as a protective factor in black children's lives *(Stack, 1984)*. Yet it continues to serve to protect children physically and psychologically from such poverty-induced uncertainties as forced mobility in housing arrangements. Children with strong secondary attachments may experience temporary separations from parents as less distressing than they would have otherwise. Vulnerabilities may be created also by disjunction between the child-rearing strategies of the group and the psychological or social demands of settings outside the purview of the group. It has been reported, for example, that Mexican-American socialization patterns produce a "more passively and internally-oriented style of coping with problems and challenges in life" *(Lauderdale, cited in Garbarino & Ebata, 1983, p. 775)*. Such coping styles, evolved over centuries of poverty and oppression, may not be well-suited to the extraordinarily competitive environment of modern technological society, nor to the greater social isolation of families in such a society.

Disjunction between societal norms and demands and historically-rooted sociocultural adaptations is perhaps greatest in families going through the early stages of acculturation to American society—notably Southeast Asian, Mexican, Central American and Caribbean, and especially Haitian immigrants. In the first place, such families experience a host of situational stresses that undermine child rearing, including economic and legal uncertainty, language difficulties, ineligibility for many social ser-

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vices, loss of traditional sources of informal support, and, in some cases, discrimination and exploitation. But the effects of these stresses are often compounded by the conflict generated when patterns of child rearing that were adaptive in communities of origin are considered maladaptive and even deviant in their new communities *(Laosa, 1981)*. For example, a study of recent Haitian entrants noted the traditional Haitian belief that the good infant and child is quiet, undemanding, and obedient, and the complementary belief that infants are not capable of cognition *(Widmayer, Peterson, & Larner, undated)*. Such beliefs yield children who are often ill-prepared for the demands of formal schooling in the American context. The parents are then blamed for neglecting their children's development, and may be put in the position of struggling to behave in ways that are discordant with deeply-rooted attitudes and feelings, as well as their lifelong experience.

Early parenting strategies designed to prepare children to cope and compete in inner-city environments characterized by grossly inadequate resources, chronic violence, and pervasive distrust may not be consistent with those strategies promoted in the larger society. In such environments interpersonal and cognitive behavior valued by the larger society may be perceived to be dysfunctional *(Raven, 1987)*. Comer *(1989)* cited as a case in point the inner-city child who comes home and complains about being beaten by other children and is told that if he or she does not fight back there will be another beating at home. This child is learning behavior that may be functional for survival; but such behavior is likely to get the child into difficulty upon arrival at school. It has been observed that inner-city minority mothers place a high value on unquestioning obedience and discourage curiosity, because the dangerous circumstances in which such families live leave little room for mistakes in judgment on the part of children *(Escalona, 1981; Silverstein & Krate, 1975)*. A number of observers have posited a pattern of early childhood parenting among inner-city minority mothers characterized by early withdrawal of emotional support, coupled with an emphasis on aggression in early play, early independence and self-reliance (in toileting and other self-care activities), distrust of nonfamily, and a competitive relationship between mother and child *(Escalona, 1981; Ogbu, 1985; Poussaint, 1987)*.

Ogbu *(1985)* has argued that these observed patterns of behavior are organized adaptations, evolved over time to prepare children for success in inner-city environments. But it is equally plausible to argue that the powerlessness, personal experiences of injustice, and lack of nurturance from family and broader social world that characterize many low-income parents' own lives can spill over in many less deliberate ways into child rearing. Parents whose own primary needs have not been met may have a very difficult time recognizing or gratifying their children's needs. For example, when a low-income mother insists on immediate obedience or fails to respond to a young child's bid for attention, it may be adaptive; but it can also be interpreted as a response to the debilitating effects of chronic stress. Studies have observed that women experiencing such stress are often conscious of the limited effectiveness of their interactions with their children but lack physical and psychological energy to behave more effectively *(Jeffers, 1967; Zelkowitz, 1982)*.

Whether deliberate or not, adaptive patterns of parental care may not only conflict with those promoted in the larger society, but bear their own distinct costs to children. Restrictive parental behavior or premature assumption of responsibilities for self-care and protection can undermine a young child's developing sense of his or her value as a person, or the child's ability to recognize the importance of reciprocity in relationships. For some children, there may be a point at which such maternal behavior as encouragement of early indepen-

dence and self-reliance, or lack of parental energy to respond to dependency needs, will be experienced as disapproval or even rejection. Further, patterns of parental behavior take on a symbolic life of their own at some point, and may be transmitted intergenerationally independent of specific situational demands and opportunities (*de Lone, 1979*).

CONCLUSIONS

Dokecki (*1975*) has argued that having one characteristic in common—lack of financial resources—does not necessarily imply the common possession of other characteristics, for example, particular psychological traits. Families can and do cope adaptively with the stresses associated with poverty; they can and do rear their children protectively and nurturantly under the most difficult conditions. But in the current social context, the stressful and often demoralizing effects of our haphazard patchwork of institutional family supports are increasingly compounded by a deterioration in the social fabric holding low-income communities together, a fabric that traditionally provided at least a measure of support and nurturance for low-income families. As a consequence, the experience of poverty almost invariably brings with it a host of psychological injuries. Personal, situational, and systemic forces can combine to undermine low-income parents' immediate intentions and long-term aspirations, both for themselves and for their children. For a few parents, unique strengths or deficits in their own past nurturance define the parenting situation, and indeed their life situation. But, for better or for worse, most parents who live in poverty don't beat the odds; they reflect the odds.

While poverty is in some ways too global a variable for explaining specific processes in families' lives, it is nonetheless a powerful variable. Hamburg (*1985*) has summarized well the role of poverty:

> While many causes underlie the developmental problems of the young, the most profound and pervasive exacerbating factor is poverty. Poverty does not harm all children, but it does put them at greater developmental risk, through the direct physical consequences of deprivation, the indirect consequences of severe stress on the parent-child relationship, and the overhanging pall of having a depreciated status in the social environment. (p. 4)

Implications for Intervention

Granting that worsening poverty among young families is producing or exacerbating stresses that make parenting difficult, especially for parents with few personal resources to draw upon, how should we as a society respond? At one level, the answer seems straightforward. We must address the contextual factors that impinge on parenting and child development—dangerous neighborhoods; dilapidated, overcrowded housing; unstable, poor quality day care; geographic and social isolation. But directly addressing these factors would require a significant reorientation of social arrangements and public priorities. Such a reorientation does not appear to be forthcoming. While public awareness of the fragile situation of families with young children is growing, the social and political will to address this unfortunate situation is barely discernible (*Hart, 1989*). That leaves what de Lone (*1979*) has called "secondary strategies." These are predominantly the personal helping services designed to promote individual well-being, adaptation, and development.

The exclusive reliance on personal helping services to address social concerns heightens the importance of clearly articulating what can and cannot be expected of particular service emphases and strategies. With respect to the nexus of poverty, parenting, and child development, the clarification of expectations is especially critical. Parenting interventions should not be viewed as a vehicle for social reform, as a means, for example, to alter significantly the life chances of low-income children. It is both unacceptable and unrealistic to place the burden of social problem-solving on those experiencing the brunt of social problems.

On the other hand, there is evidence that helping services that provide additional social resources for parents can alter their subjective experience of a difficult life situation, facilitate their efforts at personal development, and, under some conditions, set the parent-child relationship on a slightly more positive course *(Weiss & Halpern, 1988)*.

During the past decade, a set of child and family services has emerged (or, more accurately, re-emerged) that offers promise of strengthening social resources for low-income as well as other families. This set of services, variously called family support or family resource and support programs, was the subject of special attention in a recent issue of this Journal *(Weissbourd & Kagan, 1989)*. The helping principles and strategies of family support programs are especially well-suited to the needs of hard-pressed but adequately coping low-income families. These programs provide sustained and responsive support, addressed to the range of concrete, social, and psychological needs of low-income families with young children. Family support programs have proven adept at providing helping services that do not undermine low-income parents' sense of competence and worth; at providing a direct and knowledgeable link to a range of community resources; and in serving to mediate between the child-rearing norms of a family's reference group and those of the larger society *(Weiss, 1987)*. In the process, family support programs extend the idea of helping and support well beyond the boundaries defined by the current human service system.

A major challenge facing these as well as other community-based helping services in coming years will be the creation of intervention strategies appropriate to the needs of young adults embarking on parenting with poor nurturance histories, compounded by little experience of success in other areas. This growing group of families will need far more sustained and skilled helping services than their better coping peers. Such services will have to attend simultaneously to pressing family survival needs, parents' own significant nurturance needs, a vulnerable parent-child relationship, and, in many cases, the special needs of young children with individual vulnerabilities. Such a multifocused approach is far from new; indeed, it basically describes clinical child and family casework at its best *(Polansky, Chalmers, Buttenwieser, & Williams, 1981)*. But it has been made potentially more potent by enormous progress in the understanding of both normal development and developmental risk in infancy and early childhood, and the accompanying translation of this knowledge into clinical helping principles and approaches *(Bertacchi & Coplon, 1989; Greenspan, 1987)*.

In principle, then, the model that increasingly seems necessary for young families is one that provides a flexible mix of concrete, clinical, and supportive services in a nonbureaucratic, family-like context. It has to be a model that can work simultaneously and comfortably at multiple levels: from the immediacy of getting the heat back on in an unheated apartment to the gradual building of trust in a young adult whose life has been marked by a series of losses; from the simplicity of providing a safe place for relaxation to the subtlety of responding to "the re-awakening of unconscious, preverbal issues stemming from a parent's own experience of infancy and toddlerhood" *(Bertacchi & Coplon, 1989, p. 2)*. There is evidence that such a multifaceted approach can be effective *(Provence & Naylor, 1983; Seitz, Rosenbaum, & Apfel, 1985)*. But it will require a resource commitment far beyond that which has been available for community-based programs up to the present—and a much greater willingness on the part of the most skilled professionals to work in low-income communities. Moreover, multifaceted service models have yet to be implemented on anything like the scale that would be necessary to reach even a modest proportion of those young families who might benefit.

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If the earlier sections of this paper suggest an overarching need for a comprehensive, multifaceted approach to helping, the later sections point to the importance of a locally-appropriate, population-specific set of emphases and services. Specific populations of low-income families differ in a number of ways relevant to the design of early parenting interventions. They differ in beliefs and behavior with respect to child rearing; in life-cycle stage and developmental needs; in availability and use of social support and patterns of help-seeking. Communities differ in the availability of formal supports and services, and in the sensitivity of formal helping institutions to cultural and linguistic differences *(Halpern & Larner, 1988)*.

In addition, programs will have to be sensitive to adaptive patterns of child rearing, however functional they may or may not appear to be. It is not always easy to discern the particular dimensions of parenting critical to the prevention of adverse outcomes for children under different community conditions *(Rutter, 1987)*. Those who live in a community 24 hours a day, day-in and day-out, are best equipped to understand what is tolerable, desirable, and possible for them. Families should not just be recipients of services, however individualized, but should contribute to program design and emphasis. Ethical issues aside, when families help to shape parent education and other programs in which they will be participants, it is more likely that they will link the content of these support programs to the challenges they see their children facing.

Finally, successful programs will have to construct a coherent vision of competent child rearing, reflecting both the current reality of families' lives and a sense of what kind of children might grow up to transform that reality. They will also have to construct a vision of where and how they see themselves influencing the host of environmental forces impinging on child, parent, and family. As Slaughter *(1983)* has pointed out, while low-income families may not be self-conscious about the ecology surrounding their behavior, programs serving those families must focus on these contextual factors in order not to put further strain on already stressed lives.

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THE ECOLOGY OF THE FAMILY: A Background Paper For A Family-Centered Approach To Education and Social Service Delivery

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February 1996

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INTRODUCTION

This training module, *Working Respectfully with Families: A Practical Guide for Educators and Human Service Workers* was developed for the Northwest Regional Educational Laboratory's Integration of Education and Human Services Project. The goal of this project is to increase the ability of education and human services providers to form effective and supportive partnerships with each other and with the families they serve.

The purpose of this background paper is to familiarize the trainers of these modules and participants in the workshops with the research, theories, and practice knowledge that are the foundation of the workshop. The specific strategies and applications of a Family-Centered Approach are covered in the workshop materials.

AN HISTORICAL FOOTNOTE

This paper is a synthesis of information from developmental psychology and sociology primarily. It draws from the literature of these fields at a time of change in both fields. In the last twenty years, child-oriented research in developmental psychology has evolved dramatically. It has moved from studies of the child in isolation to studies of one-way, caregiver to child developmental influences. Next, researchers began to consider reciprocal relationships, the way a child influences his or her caregiver and vice versa. Currently, developmental psychologists are studying how development is shaped by complex, reciprocal child-father-mother-sibling interactions.

While developmental psychology has focused on child-adult relationships, sociology has been concerned with marital relationships and the family as a whole in a social context. Recognizing the need to look at the family from both perspectives simultaneously, both fields are looking at child and family development in new ways. The coming together of these two areas of research has resulted in the adoption of an ecological framework.

The summary that follows is intended to familiarize practitioners working with families with some key concepts, rather than provide in-depth understanding. Much of the richness and detail of the research and theory has been left out. Those wishing to understand the evolution and complexities of the ecological model more fully will find this information in the sources listed in the bibliography.

A PROCESS, NOT A METHOD OR CONTENT

A Family-Centered Approach is a PROCESS for delivering services to families that will fit many different "content areas", be it support for teen parents, family literacy or education for low-income children. It is not a set of particular practices but rather a "philosophy" in which families are recognized as having unique concerns, strengths and values. A Family- Centered Approach represents a paradigm shift away from deficit- based, medical models that discover, diagnose and treat "problems" in families to an ecological model. The ecological model which is the theoretical foundation for a Family-Centered Approach, is described below. It views families from the perspective of "a half-full cup" rather than half empty. This approach builds and promotes the strengths that families already have. The key components of a Family-Centered Approach are:

- **Creating partnerships and helping relationships.** Families are supported and child development is enhanced through helping and partnership relationships.
- **Building the community environment.** Families gain information, resources and support through their connections to the community environment.
- **Linking families and community support**. Participation, two-way communication, and advocacy strengthen both the community support network and family functioning.

The ecological paradigm is still emerging. It represents a integration of research and theory from developmental psychology and sociology, with experiential knowledge from social work, family support, early intervention and early childhood education. It represents a coalescing of what researchers are learning about the way different social environments and relationships influence human development. Because it is a new model with many as yet unexplained elements, the ecological model is still in a state of flux. However, the basic tenets of the ecological model have been established for some time and can be stated as:

- Human development is viewed from a person-in-environment perspective.
- The different environments individuals and families experience shape the course of development.
- Every environment contains risk and protective factors that help and hinder development.
- Influence flows between individuals and their different environments in a two-way exchange. These interactions form complex circular feedback loops.
- Individuals and families are constantly changing and developing. Stress, coping and adaptation are normal developmental processes.

(adapted from Whittaker & Tracy, 1989, p. 49-51)

KEY CONCEPTS OF AN ECOLOGICAL MODEL

INTRODUCTION

A focus on the individual, isolated and independent, is deeply embedded in our culture and values. In contrast, an ecological model emphasizes the interconnections of events and the bi-directionality of effects between organism and environment. An ecological perspective views human development from a person-in-environment context, emphasizing the principle that all growth and development take place within the context of relationships. Thus, a child must be studied in the context of the family environment and the family must be understood within the context of its community and the larger society. The language of the ecological model provides a sharp contrast to the image of the lone frontiersman pulling himself up by his bootstraps, the "paddle my own canoe" mentality upon which our legal, educational, and social service delivery system are often based.

THE FAMILY AS A SYSTEM

From an ecological perspective, the most logical model of a family is a system. While there are critics of this conceptualization (Hinde, 1989), most researchers now approach the family from what could be loosely called a "systems perspective" (Kreppner & Lerner, 1989). A systems approach to human development considers the way relationships within the family and between the family and social environment influence individual development and family functioning.

Systems theory has guiding principles that apply to all kinds of systems including business and industry, community organizations schools and families. These principles are helpful in understanding how families function and how families and communities interact. Some principles of systems relevant to a Family-Centered Approach are:

- **Interdependence**. One part of the system cannot be understood in isolation from the other parts. Children cannot be understood outside the context of their families. Any description of a child has to consider the two-way patterns of interaction within that child's family and between the family and its social environment. Describing individual family members does not describe the family system. A family is more than the sum of its parts.
- **Subsystems**. All systems are made up of subsystems. Families subsystems include spousal subsystem, parent-child subsystems and sibling subsystems. A family's roles and functions are defined by its subsystems (Fine 1992; Stafford & Bayer, 1993; Walsh, 1982).
- **Circularity.** Every member of a system influences every other member in a circular chain reaction. A family system is constantly changing as children develop, thus it is almost impossible to know for certain the causes of behavior.
- **Equifinity.** The same event leads to different outcomes and a given outcome may result from different events. What this suggests is that there are many paths to healthy development and there is no one-best-way to raise children (Stafford & Bayer, 1993).

- **Communication.** All behavior is viewed as interpersonal messages that contain both factual and relationship information (Krauss and Jacobs, 1990).
- **Family Rules**. Rules operate as norms within a family and serve to organize family interactions (Krauss and Jacobs, 1990).
- **Homeostasis.** A steady, stable state is maintained in the ongoing interaction system through the use of family norms and a mutually reinforcing feedback loop (Krauss and Jacobs, 1990).
- **Morphogenesis.** Families also require flexibility to adapt to internal and external change (Krauss and Jacobs, 1990).

Key Point:

A Family-Centered Approach borrows from family systems theory. Family systems theory gives us useful principles for studying children within the context of their family relationships. This framework requires us to stop operating as if children exist in isolation. Effective interventions understand and respect each family's system.

The Environments of a Family Ecology

A basic ecological premise stresses that development is affected by the setting or environment in which it occurs. The interactions within and between the different environments of a family make up the "ecology" of the family and are key elements of an ecological perspective. The environments of a family's ecology include:

- **Family**. The family performs many functions for its members essential to healthy development and mediates between the child and the other environments.
- **Informal Social Network**. A family's social network grows out of interactions with people in different settings; extended family, social groups, recreation, work. Ideally, this network of caring others shores up feelings of self-worth, mobilizes coping and adapting strategies and provides feedback and validation.
- **Community Professionals and Organizations**. A community's formal support organizations provide families with resources related to professional expertise and/or technology.
- **Society**. Social policy, culture, the economy define elements of the larger ecology that impact the way a family functions.

Environments Help or Hinder Development

A given environment may be bountiful and supportive of development or impoverished and threatening to development. Negative elements or the absence of opportunities in family, school or community environments may compromise the healthy development of children or inhibit effective family functioning. Here are examples of different environments in a child and family's ecology and their impact:

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- As children move out into the world, their growth is directly influenced by the expectations and challenges from peer groups, care-givers, schools, and all the other social settings they encounter.
- The depth and quality of a family's social network is a predictor of healthy family functioning. During normal family transitions all families experience stress. Just having someone to talk to about the kids over a cup of coffee, swap child care, or offer help with projects, buffers a family from the stresses of normal family life
- Strong linkages between families and community organizations such as schools, open channels that allow vital information and resources to flow in both directions, support families, schools, and communities.
- The work environment, community attitudes and values, and large society shape child development indirectly, but powerfully, by affecting the way a family functions.

The Ecology of a Child

When considering the ecology of a particular child, one might assess the challenges and opportunities of different settings by asking:

- In settings where the child has face-to-face contact with significant others in the family, school, peer groups, or church:
  - Is the child regarded positively?
  - Is the child accepted?
  - Is the child reinforced for competent behavior?
  - Is the child exposed to enough diversity in roles and relationships?
  - Is the child given an active role in reciprocal relationships?
- When the different settings of a child's ecology such as home-school, home-church, school-neighborhood interact:
  - Do settings respect each other?
  - Do settings present basic consistency in values?
  - Are there avenues for communication?
  - Is there openness to collaboration and partnership?
- In the parent's place of work, school board, local government, settings in which the child does not directly participate, but which have powerful impact on family functioning:
  - Are decisions made with the impact on families and children in mind?
  - Do these settings contain supports to help families balance the stresses that are often created by these settings?
- In the larger social setting where ideology, social policy, and the "social contract" are defined:
  - Are some groups valued at the expense of others (Is there sexism or racism)?

- Is there an individual or a collectivist orientation?
- Is violence a norm?

(Adapted from Garbarino, 1982)

The Ecology of a Family

We are used to thinking about the environments children experience, but the environments families encounter also contribute to child development by their impact on family functioning. In a community there may, or may not, be the resources and relationships a family needs. Within its community setting, each family fabricates its own web of support from the formal and informal resources available. A family may forge many connections, a few strong connections, or no connections at all to the community resources. These connections link families to the tangible and intangible resources of the community.

Just as the child's environment offers challenges and opportunities, community settings offer challenges and opportunities for healthy family functioning. Generalizations about family-community interactions found in the literature include:

- Rural families have few employment opportunities, lower economic well being, fewer educational opportunities and less access to health care and social services. Urban families, on the other hand, have higher crime rates, more impersonal ties, higher density, and noisier living conditions (Unger & Sussman, 1990).
- Many parents must cope with the threat of violent crime in their neighborhood. A family's response to demands and challenges from a community environment may promote or hinder family functioning and child development. Withdrawing emotionally, keeping children inside, and restricting child activity are coping strategies parents use when faced with violence in their neighborhood, but they may also impede normal development. (Garbarino & Kostelney, 1993).
- Families are affected by how responsive community organizations are to family needs. Powell (1990) identifies five strategies that make early childhood programs more responsive to families. These include: increasing parent-program communication; giving parents choices between different programs; assessing family and child needs; redefining staff roles and using community residents; and involving parents in decision-making.
- The relationship between families and their community changes and evolves over time. The needs and interests of family members change over the life span. Issues of responsiveness also change with aging and stage of development.
- "Community" may refer to relationships and social networks as well as a physical location. (Unger & Sussman, 1990) A family's informal social support network often provides services that are more accessible, culturally appropriate and acceptable than the services offered by formal support systems (Gottlieb, 1988).

A DEVELOPMENTAL PERSPECTIVE: GOODNESS OF THE FIT MODEL

An ecological perspective focuses on dynamic developmental processes including the way stress, coping and adaptation contribute to development. A useful concept for understanding this view of development is the "goodness of the fit" model. This model suggests healthy development and effective functioning depend on the match between the needs and resources of a child or family and the demands, supports and resources offered by the surrounding environment. The developing individual responds to the "environmental fit" through developmental processes associated with stress management, coping and adaptation.

CHILD DEVELOPMENT

In terms of child development, the "goodness of fit" refers to the match between the developmental needs of children and the demands, resources and capacities of their family, school and community environments. Children adapt to specific demands and expectations from home, school and community as part of the developmental process. The attitudes, values, expectations and stereotypes other people have about how a child should be, or act, mold the child. The skills and competencies required of a child by home, school and community, also shape development. A child's behavior in the face of these demands will depend on his or her skills, resources, support and experiences (Lerner, 1993).

The behaviors expected of a child at home may be different than those a child's needs at school. It has been proposed, for instance, that differences in goals, priorities and expectations between home and school may contribute to low academic achievement of minority children (Powell, 1989; Bowman & Stott, 1994). The match between a child and home, school and community environments determines whether or not a given child is able to meet basic needs, form nurturing and supportive relationships, and develop social competence, all of which greatly influence the child's life trajectory (Lerner, 1993).

FAMILY DEVELOPMENT

The "goodness of fit" model is useful for understanding how to support and strengthen families as well. Families develop too. They move through predictable developmental stages just as children do. Families must also respond to the demands and expectations from work, social groups, community institutions and the society as a whole. Stress builds when the resources and coping skills of a family are inadequate to meet the demands and expectations of the social environment. Family stress levels are a predictor of "rotten outcomes" for children. If stress increases beyond a certain point, for whatever reason, a family's ability to nurture its children decreases (Schorr, 1989).

Mismatches With The Environment

A lack of fit or a mismatch can happen between children and their family or school environments or between a family and community environment. Problem behaviors in school may often be attributed to a mismatch between a child and the expectations of the school

setting (Fine, 1992). Mismatches also happen when the home culture and values are at odds with the dominant values of the school environment. This poses a threat to the linkages between family and school. The threat is lessened when both sides are carefully respectful and recognize the importance and value of each to the child. When a mismatch occurs and a child is disruptive or a family needs outside help, it may not be due to a deficiency in the child or family. The mismatch may come from a lack of resources or support from the social environment.

Key Point:

A Family-Centered Approach incorporates the "goodness of the fit" model by seeking to understand and improve the match between the needs of children and their families with community resources and support.

BEHAVIOR AS A COMPLEX INTERACTION OF FACTORS

"When we examine the family from an ecological point of view, no one person or thing... can be realistically identified as the 'cause' of a problem" (Yerby, Buerkel-Rothfus & Bochner, 1990, p.63). Behavior from a ecological perspective, is more complex than stimulus A causes predictable response B. The environmental demands and the reciprocal relationships between people interact with individual characteristics in complex chains of influence that define behavior. Although parents have a profound influence on the ability of the child to develop in a healthy, competent manner, children also influence their parents' behavior. As Adolph Adler observed, "The child is the artist as well as the painting." Therefore, when dealing a child's acting out behavior, or addressing a family's financial need, professionals need to consider not only the individual but also contributing factors from the environment and interpersonal relationships.

Key Point:

A Family-Centered Approach seeks to strengthen family functioning. To do this, the factors contributing to the way a family functions need to be studied and understood.

THE DEVELOPMENTAL TRAJECTORY: RISK AND PROTECTIVE FACTORS

Risk is a statistical concept used to predict the probability of negative outcomes. Resiliency and protective factors are the positive side of vulnerability and risk (Werner 1990). Risk and protective factors are found both within the child (temperament, physical constitution, intelligence, education) and/or within a child's environment (caring adults, high expectations, good schools, high crime levels).

A child or family's developmental trajectory results from the negotiation of risks on one hand, and the exploitation of opportunities on the other. A way to conceptualize these interactions is to think of an ever changing equation containing plus and minus numbers. At any given

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time two or more numbers may combine to bolster development in a positive direction or push development toward negative outcomes. If the "solution" of the equation were graphed repeatedly, over time, it would represent the life trajectory of an individual. For example, perhaps biology contributes to a child's high intellectual potential. This should set the course of the child's development in a positive direction. This potential could be unrealized or move the child in a negative direction if a school setting failed to provide an appropriate educational experience leading the child to drop out of school. We know the following about risk and protective factors:

- The presence of a single risk factor typically does not threaten positive development. In situations where a child is vulnerable, the interaction of risk and protective factors determines the course of development.
- If multiple risk factors accumulate and are not offset by compensating protective factors, healthy development is compromised (Schorr, 1989; Werner & Smith 1992).
- Poverty increases the likelihood that risk factors in the environment will not be offset by protective factors (Schorr, 1989).
- When a child faces negative factors at home, at school, and in the neighborhood the negative effect of these factors is multiplied rather than simply added together (Werner & Smith, 1992; Schorr, 1989).
- Resiliency studies explain why two children facing similar risks develop differently. A core of dispositions and sources of support, or protective factors, that can buttress development under adverse conditions have been identified (Benard, 1991; Bogenschneider, Small & Riley; Werner & Smith, 1982, 1990, 1992).
- Dispositions that act as protective factors include an active, problem-solving approach and a sense of self-esteem and self-efficacy. Resilient children are characterized by a belief in their power to shape and have an impact on their experience.
- Caring and support, high expectations, and opportunities for participation are protective factors for children found in families, schools and communities (Benard, 1991).

Protective Factors

Protective factors reduce the effects of risk and promote healthy development. Protective factors influence the way a person responds to a risk situation. The protective factor is not a characteristic of the person or the situation, but a result of the interaction between the two in the presence of risk. The presence of protective factors helps to change a developmental trajectory form a negative direction to one with a greater chance of positive outcome. Following are some examples of the ways protective processes redirect a developmental trajectory:

- If a child with a genetic disability has supportive nurturing caregivers, the developmental impact of the disability is reduced (Shonkoff & Meisels, 1990).

- A teen mother's strong social support network reduces risks to the mother-child relationship (Schorr, 1989).
- If a child has one strong parent-child relationship, the risk associated with marital discord is reduced (Rutter, 1987).

Application To A Family-Centered Approach

Knowledge of risks and protective factors is used in a Family-Centered Approach to promote the enhancement of nurturing environments for children in families, schools and communities. Rutter (1987) identifies four mediating mechanisms. These mechanisms act in ways which:

- Reduce the impact of risks;
- Reduce negative chain reactions;
- Maintain self-esteem and self-efficacy through relationships and task achievement;
- Open opportunities for positive development.

A word needs to be said here about emphasizing "prevention" or "promotion" approaches. Much of our thinking about how to work with families has been dominated by a treatment, prevention and promotion continuum. The continuum ranges from:

- **Treatment**: eliminate or reduce existing dysfunction (a deficit-based approach) to
- **Prevention**: protect against or avoid possible dysfunction (a weakness-based approach) to
- **Promotion**: optimize mastery and efficacy (a strength-based approach) (Dunst, Trivette & Thompson 1990).

A Family-Centered Approach rejects the treatment model in favor of a blending of prevention and promotion models. It uses strength-based, non-deficit strategies to strengthen and support family functioning.

THE ECOLOGICAL MODEL: FROM THEORY TO PRACTICE

As is often the case, while the research substantiating the ecological model was slowly gathering, practitioners began to build programs that operationalized the model. Head Start, early intervention and family support programs were the first generation of programs to translate the ecological perspective into practice.

The key components of a Family-Centered Approach; creating helping and partnership relationships, building the community environment, and linking community resources, grow out of the experiences of these early programs. The first applications of the ecological perspective in programs for families resulted in:

- Recognition of the strengths and capabilities of families;
- A redefinition of the parent-professional relationship toward greater collaboration and partnership with parents;

- Service delivery practices blurring the traditional boundaries between social welfare, physical and mental health, and education

The following description of program contributions from Head Start, early intervention family support programs, and public schools gives a very brief overview of how the ecological paradigm translates into practices. The exercises and activities of the Working Respectfully with Families Workshops will explore these lessons and applications to enhance the collaboration of parents, schools, and social services.

HEAD START PROGRAMS

Based on evidence of the critical importance of early childhood, Head Start programs created a new model of support for the young child. During its 30 year history, Head Start programs have provided a model of ways to utilize protective processes to reduce the risks associated with poverty, prevent negative chain reactions that begin in early childhood and open new opportunities for children and their families. The key components of the Head Start model incorporated in a Family-Centered Approach include:

- A comprehensive approach to child development that combines health, education and social services;
- A strong emphasis on parent participation in the program services and program administration;
- A redefinition of professional roles toward greater collaboration and partnership with parents (Shonkoff & Meisels, 1990).

EARLY INTERVENTION PROGRAMS

Early intervention programs for children with special needs are prevention programs to: reduce the impact of risks associated with genetic and developmental handicaps; avoid negative developmental chain reactions resulting from this risk; and open opportunities for children with special needs. Responding to research (Bronfenbrenner, 1974) showing that interventions involving the family were more effective than those working with the child alone, early intervention programs redefined the relationship between families and professionals. Early intervention programs developed ways to create effective parent-professional partnerships that recognize a family's right to participate in decisions about their child as well as a family's need for information and support (Bronfenbrenner, 1974; Rappaport, 1981, Dunst, Trivette, & Deal, 1988).

Key lessons learned from early intervention programs are the important role family values and family strengths play in efforts to nurture children with special needs. Parents are no longer treated as children to be schooled by experts who know what is best for their child, but as partners with different kinds of expertise. Early intervention programs have distilled guidelines for how to build strong parent-professional partnerships. These guidelines include:

- Recognizing the knowledge and expertise parents have about their child and that child needs;

- Empowering parents, as a way to provide help and information and to increase a parent's ability to nurture children (Dunst, Trivette, & Deal, 1988).
- Negotiating a match between the family's values, needs and goals and the professional's approaches, priorities and services

Key Point:
A Family-Centered Approach addresses strengthening families from a non-deficit orientation that builds on the strengths that all families have. The values and guidelines for a Family Centered Approach that flow from a non-deficit, strength-based orientation and are summarized in the family support section below.

FAMILY SUPPORT PROGRAMS

A set of assumptions and beliefs about families and service delivery principles has evolved from the application of ecological perspectives by family support programs. A Family Centered Approach incorporates these. The program design and services of family support programs are very diverse. These programs strengthen families by offering information, resources and emotional support. Farrow, Grant, & Meltzer (1990) outline beliefs and assumptions about families that are reflected family support programs and in a Family-Centered Approach as well.

- All families need help at some time in their lives, but not all families need the same kind or intensity of support.
- A child's development is dependent upon the strength of the parent/child relationship, as well as the stability of the relationship among the adults who care for and are responsible for the child.
- Most parents want to and are able to help their child grow into healthy, capable adults.
- Parents do not have fixed capacities and needs; like their children, they are developing and changing and need support through difficult, transitional phases of life.
- Parents are likely to become better parents if they feel competent in other important areas of their lives, such as jobs, in school, and in their other family and social relationships.
- Families are influenced by the cultural values, and societal pressures in their communities (Farrow, Grant, & Meltzer, 1990, p. 14).

These beliefs and assumptions about families guide the delivery of services by family support programs. The service delivery principles of family support programs are grounded in the practical experiences of serving families and are an important part of a Family-Centered Approach. Effective services for families should reflect these family support principles:

- Programs work with whole families rather than individual family members.
- Programs provide services, training and support that increase a family's capacity to manage family functions.

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- Programs provide services, training and support that increase the ability of families to nurture their children
- The basic relationship between program and family is one of equality and respect, the program's first priority is to establish and maintain this relationship as the vehicle through which growth and change can occur
- Parents are a vital resource; programs facilitate parents' ability to serve as resources to each other, to participants in program decisions and governance, and to advocate for themselves in the broader community
- Programs are community-based, culturally and socially relevant to the families they serve; programs are often a bridge between families and other services outside the scope of the program
- Parent education, information about human development, and skill building for parents are essential elements of every program
- Programs are voluntary; seeking support and information is viewed as a sign of family strength rather than as an indication of difficulty (adapted from Carter, 1992)

PUBLIC SCHOOLS

Traditionally, public schools have not had a strong emphasis on family involvement and support. Schools of education have typically offered little direct training in forming parent/teacher relationships. A 1987 University of Minnesota report on improving teacher education listed what researchers identified as the thirty-seven most important teaching skills; learning how to work with parents was not among them (Louv, 1992). However, a number of factors have contributed to the current focus on parental involvement as a way to improve educational outcomes for all children, particularly children from low-income families.

During the last 20 years, vast economic and demographic changes have resulted in increased economic hardship and stress for many families and an accompanying pressure on schools to increase our nation's competitiveness in a global economy. There is growing recognition that fostering "readiness" for kindergarten and for succeeding educational environments will require addressing the strengths and needs of the whole child. The National Education Goals Panel endorsed a complex, multifaceted definition of readiness, which includes physical well-being and motor development, social competence, approaches toward learning, language and literacy, cognitive development, and general knowledge (NEGP, 1994). This comprehensive definition requires a new approach to schooling, one which includes a shared responsibility for children's development and "will likely permanently alter the school's relationship with families and communities" (Kagan, 1992, p. 8).

Recognizing the vital role that parents play in their children's education, Title IV of the National Education Goals 2000: Education America Act encourages and promotes parents' involvement in their children's education, both at home and at school. Three decades of research have demonstrated strong linkages between parental involvement in education and school achievement (Riley, 1994). Family involvement is highest among middle-and upper-class families. However, regardless of parents' education, parental involvement with children's schooling is associated with better attendance, higher achievement test scores, and

stronger cognitive skills. In addition, when parents help elementary school children with their schoolwork, social class and education become far less important factors in predicting the children's academic success (Dauber & Epstein, 1993).

Low-income, minority, and limited-English proficient parents, however, may face numerous barriers when they attempt to collaborate with schools. These include: lack of time and energy; language barriers; feelings of insecurity and low self-esteem; lack of understanding about the structure of the school and accepted communication channels; cultural incongruity; race and class biases on the part of school personnel; and perceived lack of welcome by teachers and administrators (Fruchter, et al., 1992; SREB, 1994).

Given these potential barriers, it is not surprising that research has demonstrated that successful parent involvement programs must have a strong component of outreach to families. Studies show that school practices to encourage parents to participate in their children's education are more important than family characteristics, such as parent education, socioeconomic and marital status (Dauber & Epstein, 1993). A 1988 study of parental involvement in schools concluded that it wasn't parents who were hard for schools to reach, but schools that were hard for parents to reach (Davies, 1994). If schools are to become places where families feel welcome and recognized for their strengths and potential (Riley, 1994), school personnel must not only embrace the concepts of partnership and parent involvement, they must be given training and support to translate their beliefs into practice (Epstein, 1992).

While traditional forms of family involvement have focused on the supposed deficits of low-income and/or minority families, new models, congruent with the Family-Centered Approach advocated in this paper, emphasize building on family strengths and developing partnerships with families, based on mutual responsibility. In these approaches, parents are involved as peers and collaborators, rather than clients. Fruchter, et al. (1992), have identified four tenets of programs which have been shown to improve the educational outcomes for all children, particularly those of low-income and minority children: a) Parents are children's first teachers and have a life-long influence on children's values, attitudes, and aspirations; b) Children's educational success requires congruence between what is taught at school and the values expressed in the home; c) Most parents, regardless of economic status, educational level, or cultural background, care deeply about their children's education and can provide substantial support if given specific opportunities and knowledge; and d) Schools must take the lead in eliminating, or at least reducing, traditional barriers to parent involvement.

SUMMARY

This paper has presented the theoretical and experiential background of a Family-Centered Approach to delivering services to families. A Family-Centered approach is grounded in the research and theories of an ecological paradigm and shares many of the values and principles of Head Start, early intervention and family support programs. Specific implications and application of the key components of a family guided approach focusing on relationships, environments and linkages will be explored and discussed in depth during five workshop sessions.

The training sessions for a Family Centered Approach include the following two and a half hour sessions:

WORKSHOP I: THE CHILD, THE FAMILY, AND COMMUNITY
WORKSHOP II: DEVELOPING PARTNERSHIPS WITH FAMILIES
WORKSHOP III: CREATING FAMILY-FRIENDLY SCHOOLS
WORKSHOP IV: HOME, SCHOOL, AND COMMUNITY PARTNERSHIPS

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Tips for Trainers

Generic Tips

- Arrive at least 20 minutes ahead of time to set up room and check equipment.
- Develop your agenda and provide a copy for all participants.
- Find out as much as possible about who your audience is and some background on their community—demographics, areas of strength and concern.
- Remind participants that it is their workshop and that their enthusiastic participation is essential. Sharing expertise and experience is critical to the success of the workshop.
- Listen carefully and respectfully. Acknowledge what people say even if you don't agree.
- Collect stories. Illustrate points with real-life examples, when appropriate.
- No one person has all the answers. Utilize the expertise of the group.
- If a group isn't working well together, it may help to recombine.
- When appropriate:

  Use humor

  Share personal experiences

Tips Specific to These Workshops

- Be very familiar with the concepts in the background paper, "The Ecology of the Family: A Background Paper for a Family-Centered Approach to Education and Social Service Delivery"
- Keep families at the center. Emphasize the role of the family.
- Be sure to give examples from both social services and education.
- Emphasize promotion, prevention approaches, building on strengths.
- Review family stories. Be familiar with all perspectives.
- You will receive materials for participant packets. Some time will be needed to place materials in the notebooks.

Resources for Trainers

The Change Process

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